DOCUMENT RESUME

ED 333 610 EC 300 361

AUTHOR	Schacht, Robert M.; Minkler, Sam A.
TITLE	The Voluntary Temporary Relocation of Rural Disabled American Indians: An Investigation of Factors Contributing to Vocational Rehabilitation Outcome. Final Report. Project Number R-17.
INSTITUTION	Northern Arizona Univ., Flagstaff. Native American Research and Training Center.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	91
CONTRACT	H133B80066
NOTE	118p.; Title on cover page varies slightly..
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*American Indians; Delivery Systems; *Disabilities; *Outcomes of Treatment; Participant Satisfaction; Performance Factors; Rehabilitation Programs; Relocation; Rural Areas; *Rural Population; Rural to Urban Migration; Transfer Policy; *Vocational Rehabilitation
IDENTIFIERS	Arizona; Navajo (Nation)

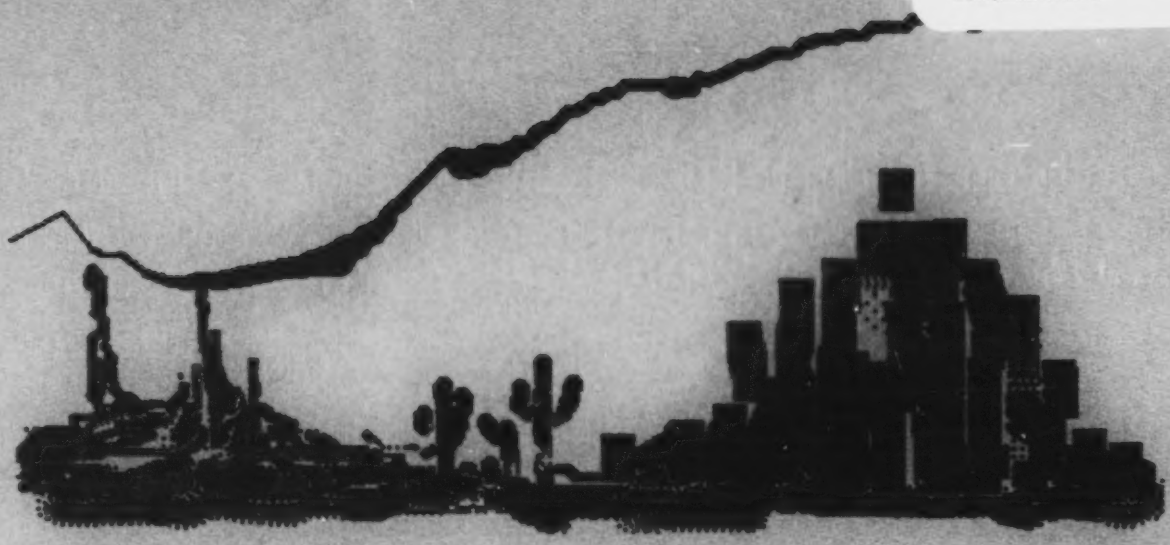
ABSTRACT

This study examined the temporary voluntary relocation of rural disabled American Indians to urban areas for vocational rehabilitation (VR) services. An introductory chapter examines the pattern of migration (both nationally and in Arizona), reasons for migration, the federal policy of relocation, and the relocation of American Indians with disabilities. Information was collected on 947 cases of American Indian vocational rehabilitation clients who were served by Navajo and Arizona vocational rehabilitation programs during 1984-1987; this group included a relocation sample of 76 Native Americans. The relocation sample is compared to control groups and described in terms of such service outcomes as personal factors, agency factor, public support, economic factor, disability factor, service factor, case history, and case closure. Factors associated with favorable rehabilitation outcome included living with a small number of people, completing more than 10 years of formal education, participating in a variety of activities, and having a source of support other than public assistance. Interviews conducted with 21 of the relocated subjects found that the majority felt that their quality of life was good to very good, even though many of them were unemployed, and that their quality of life changed for the better after VR. (37 references.) (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED333610



The Voluntary Temporary Relocation of Rural Disabled American Indians: An Investigation of Factors Contributing to Vocational Outcomes

Robert M. Schacht, Ph.D.
Sam A. Minkler, M.A.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
William E. Martin Jr.
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

American Indian Rehabilitation Research and Training Center

Institute for Human Development
Arizona University Affiliated Program
P. O. Box 5630
Flagstaff, Arizona 86011-5630

BEST COPY AVAILABLE

EC 300361

Funded by the National Institute on Disability and Rehabilitation Research (NIDRR), Office of Special Education and Rehabilitation Services, Department of Education, Washington, D. C., Grant No. H133B80066.

The content of this report is the responsibility of the American Indian Rehabilitation Research and Training Center and no official endorsement by the U. S. Department of Education should be inferred.

The Voluntary Temporary Relocation of Rural Disabled American Indians: An Investigation of Factors Contributing to Vocational Rehabilitation Outcome

Final Report

Project Number R-17

Robert M. Schacht, Ph.D.

Sam A. Minkler, M.A.

American Indian Rehabilitation Research and Training Program

Institute for Human Development

Arizona University Affiliated Program

Northern Arizona University

P. O. Box 5630

Flagstaff, AZ 86011-5630

Table of Contents

Acknowledgements vi

Chapter One: Introduction 1

National Need 1

Pattern of Migration 2

National pattern 2

Arizona pattern 2

Reasons for Migration 3

Economics 4

Federal policy of relocation 4

Off-reservation employment programs 5

"Rehabilitation" Services 6

The Relocation Services Program 9

Adult Vocational Training Program 9

Merits of Relocation 10

Mental health outcomes of relocation 14

The Relocation of American Indians with Disabilities 15

Summary 17

Chapter Two: Methodology 18

Sampling Design 18

Formation of the Data Base for Phase I Analysis 23

Case Identification 24

Client case file characteristics 27

Post-Employment Services and Annual Review 30

Data Analysis 30

Phase II Methodology 31

Overview 31
Sampling 32
Interview Instrument 33
Procedures 34
Chapter Three: Analysis of Computerized Databases 36
The Sample 36
Cases Closed in Status 08 37
Previous Closures 38
Native American VR Client Profile 39
A Comparison of Control Groups and the Relocation Sample 40
Personal Factors 41
Agency Factor 42
Public Support at Referral Factor 43
Economic Factor 44
Disability Factor 45
Service Factor 46
Case History and Status Movement 48
Case Closure 49
A Comparison of Service Outcomes 50
Personal factors 51
Agency Factor 52
Public Support at Referral 53
Economic Factor 53
Disability Factor 53
Service Factor 54
Case History and Status Movement 55
Case Closure 57

Chapter Four: Analysis of the Interviews 59
The Sample 59
The Interview Process 60
Finding the Respondent in Rural Areas 61
Finding the Respondent in Urban Areas 63
Analysis of Interview Results 63
Personal Issues 64
Employment Factors 69
Economic Factors 71
Client/Agency Factors 75
Disability Status 80
Service Outcomes 81
Client Responses to Services and Communication 82
Chapter Five: Summary and Discussion 85
The Sample 86
Control Groups 87
Those Who Chose Relocation 88
Factors Associated with Rehabilitation Outcome 92
The Interviews 94
Mobility of the Client Population 95
After Vocational Rehabilitation 98
Recommendations 99
Suggestions for Future Research 103
Conclusions 104
References 106

List of Tables

Table 1 37
Table 2 38
Table 3 42
Table 4 43
Table 5 45
Table 6 46
Table 7 47
Table 8 49
Table 9 50
Table 10 58
Table 11 68
Table 12 69
Table 13 77
Table 14 78
Table 15 84

List of Figures

Figure 1 60

Figure 2 81

8

Acknowledgements

We would like to begin by thanking Joanne O'Connell for her help in conceiving the need for this project, and for helping to define its parameters. We would also like to thank Bill Martin for his guidance throughout the many difficult stages of this project. We are indebted to Larry Powers and Marian Sparling of the RSA District III Office in Flagstaff, Elmer Guy of the Navajo VR Program, and Betty Rabinkoff of the RSA Office in Phoenix for their help and cooperation, without which this study could not have been done. We also owe much to the helpfullness, patience, and skill of R. C. Saravanabhavan and Beverly Begay, who entered the data into the computer, and of Katie Dunn, who made numerous revisions to this manuscript on our behalf. Finally, we are indebted to Marilyn Johnson, Bill Martin, Larry Powers, Marian Sparling, and Tim Sanderson for their comments and suggestions on earlier drafts of this report, which has been greatly strengthened as a result. Of course, we remain responsible for any remaining mistakes.

Our own involvement in this project has evolved. The project was originally designed by O'Connell and Minkler. Minkler became principal investigator early in the project after other duties reduced the involvement of O'Connell, who eventually withdrew from the project. Schacht joined the project later to help with Phase I of the project, which would allow Minkler to concentrate on conducting face-to-face interviews with Native American clients, as detailed in this report. Primary editorial responsibility for this report has been assigned to Schacht, who is accordingly listed as senior co-author. Minkler is the primary author of Chapter One, and those parts of the text which deal with Phase II of the project. Schacht is the primary author of those parts of the text dealing with Phase I. The Conclusions are the product of both of us.

CHAPTER ONE: INTRODUCTION

National Need

Employment opportunities for American Indians on and adjacent to Indian reservations are extremely limited, with an unemployment rate 5.47 times higher (BIA and BLS estimates) than the total civilian labor force (Martin, Frank, Minkler, & Johnson, 1987). Since the primary goal of rehabilitation is employment, vocational rehabilitation counselors have had to consider the option of temporary relocation for the training and employment of some American Indians who seek services through vocational rehabilitation. In a national study of RSA data, Morgan and O'Connell (1987) found that those states with a predominantly urban population reported lower rehabilitation success rates than states with a predominantly rural population. This represents one of the few studies that has attempted to address the rehabilitation outcomes of rural versus urban Indians. The full impact of off-reservation relocation of rural American Indian VR clients remains to be fully investigated in terms of its psychological and economic impact.

Until the economic conditions on reservations improve, placement of all eligible clients into employment opportunities on reservations is not possible (O'Connell, 1987). In a national study of the needs of American Indians with disabilities, White (1987) reported that 88% of vocational rehabilitation counselors across the country indicated that relocation for employment was an important strategy. In contrast, 68% of counselors serving clients on reservations disagree with a statement "that clients are willing to relocate for vocational training"; and 82% disagreed that clients are willing to relocate for employment (Martin, Frank, Minkler, & Johnson, 1987). Rehabilitation services available to the American Indian disabled client are often found primarily in large urban areas, forcing the clients to choose between living in their family's home or employment (Morgan & O'Connell, 1987).

The following section will review the literature concerning migration patterns of American Indians to urban areas over the last 35 years and the reasons for the migration. Some of the problems American Indians have experienced in relocating from rural, reservation communities to predominantly non-Indian, urban communities will also be reviewed.

Pattern of Migration

National pattern

Increases in the size of the total American Indian population have been significant. From 1950 to 1980, the number of American Indians has almost quadrupled, increasing from about 357,000 to nearly 1.4 million (Johnson, 1988, p. 3). Since 1950 there has also been a phenomenal trend in the migration of American Indians into the cities of America. The 1980 U. S. Census reported that 54% of the American Indian population were residing in urban areas. States such as California, Michigan, Minnesota, New York, Texas, and Washington have a significantly greater number of Indian residents residing in or near their cities, as opposed to the rural areas. In 1980, the 10 metropolitan areas with the highest population of American Indians were Los Angeles-Long Beach, Tulsa, Oklahoma City, Phoenix, Albuquerque, San Francisco-Oakland, Riverside-San Bernardino-Ontario, Seattle-Everett, Minneapolis-St. Paul, and Tucson (O'Connell, 1987).

Arizona pattern

Urban American Indian populations in Arizona are located in four cities: the metropolitan areas of Phoenix, Tucson, Yuma, and Flagstaff. In 1980, the off-reservation American Indian population of Arizona was 152,875 (O'Connell, 1987). In Arizona, the urbanization rate has doubled every ten years. The Arizona urban Indian population in 1950 was 4.5% of the total Arizona Indian population; it was 10% in 1960, 19% in 1970, and 25% in 1980 (O'Connell, 1987). Flagstaff, in northern Arizona adjacent to the Navajo reservation, has experienced a 102%

increase of urban Indian residents during the 1960-1970 decade, and an additional 73% increase from 1970 to 1980. During the 1960-1970 decade Tucson's American Indian population grew 58%, and from 1970 to 1980 it grew 124% more; Phoenix's increased 132% from 1960 to 1970 and 83% from 1970 to 1980.

Arizona has the largest population of reservation-based Indians in the U. S. with 246,087 enrolled American Indians residing on twenty reservations, a few of which extend into neighboring states. These reservations occupy 24,795,232 acres (The Arizona Commission of Indian Affairs, 1990), including 28% of Arizona's total land area (Lucking, Benjamin, Everson, Monroe, & Lopez, 1987).

Excluding residents of neighboring states, in January 1989 there were an estimated 165,385 American Indians living on or adjacent to reservations in Arizona. The largest tribe in the state is the Navajo Nation, with 94,940 members residing in the state, constituting more than half (57%) of the state's American Indian population. Three other tribal classifications each had more then 16,000 members and number about 10% of the state's American Indian population: Tohono O'odham (Papago), Pima-Maricopa (Gila River and Salt River), and Apache (White Mountain Apache also know as Fort Apache, and San Carlos Apache). In (January, 1989) there were also about 9,200 Hopi (6% of the state's American Indians) and about 11,000 members of about a dozen other tribal classifications (BIA, 1989).

Reasons for Migration

Historically, two influences have significantly affected the migration of American Indians to and from reservations. These are: (a) migration as a means to improve economic position, and (b) federal policies of the 1950s and early 1960s which resulted in the Bureau of Indian Affairs relocation programs.

Economics

A review of previous literature indicates that the primary motivation for American Indian migration from reservations to cities is for "economic advantage." Current unemployment rates for American Indians living on or adjacent to reservations is 28.66%. In comparison, the unemployment rate for all American Indians living both on or off reservations is 14.56% (Martin, Frank, Minkler, & Johnson, 1987). This indicates that when the unemployment rate of non-reservation residents is averaged in with the on-reservation employment rate, the rate significantly drops. The low urban unemployment rate has drawn the unemployed American Indian to the cities seeking jobs.

In addition to the high unemployment rates on Indian reservations, which has influenced American Indian migration, changes in rural economic conditions are causing a demographic shift in population from rural to urban. The annual income from the cattle industry in rural Arizona has shrunk from 650 million to 450 million since the 1970s. Cotton planting has fallen by 1.2% since 1981. Agriculture now accounts for only 2% of the state's income while it used to account for 25% of the state's economy. The copper industry has lost 60% of its jobs since 1981. Four of the seven copper mines in Arizona have closed. However, unemployment in Maricopa County (Phoenix) and Pima County (Tucson) is only 5.4%, while the remaining counties range up to 26.6% in unemployment rates (Lucking et al., 1987). The projected population gain for Phoenix is 60% by the year 2000 (Lindsey, 1987), by which time the population of Phoenix is expected to be 1 million (Valdez & staff, 1990).

Federal Policy of Relocation

During the 1920s and 1930s, the Federal government became increasingly concerned about its responsibilities towards American Indians. In 1928, the Meriam Committee, in a monumental report entitled *The Problem of Indian*

Administration, expressed concern about the adequacy of reservation resources to meet the needs of American Indians, and predicted the migration of Indians from the reservations to industrial communities (Young, 1961, p. 233). Related studies were drawing attention to the inadequacy of the grazing resources of the Navajo Reservation, leading to the imposition of a stock reduction program and grazing regulations in 1930's (Young, 1961, pp. 150-155, 214). In 1947, another report argued that, even with full development, only about one-half of the then existing population could support itself on the Navajo Reservation's available or potential resource base. The remainder would have to look elsewhere (Young, 1961, p. 186). As concerns grew about the adequacy of Indian reservations to support tribal populations, a Federal policy began to take shape to facilitate the permanent relocation of American Indians, on a voluntary basis, from areas of diminishing resources to areas where wage employment was available, to relieve pressure on reservation resources (Young, 1961, pp. 215, 233, 234).

During World War II, about 65,000 American Indian men and women left reservations to work in war-related industries or to serve in the armed forces. After the war, many of them chose to remain in the urban areas, despite the sudden closure of many war-time industries and the sudden end of many war-related economic opportunities.

Off-reservation employment programs

In 1947, members of three congressional subcommittees visited the Navajo Reservation, and issued a report which vividly described what the authors regarded as emergency conditions. This led to a report prepared by the Secretary of the Interior (Krug, 1948) on the immediate relief measures being taken by the BIA. It also set forth the need for long range "rehabilitation" measures to prevent repetition of the emergency. In response, the President issued a statement on this emergency in December, 1947, and the Congress, in a special Session in the same month,

enacted P. L. 80-390, "To authorize an appropriation for the immediate relief of the Navajo and Hopi Indians . . ." This legislation targeted two groups of Navajos and Hopis: those "who leave their reservations for employment"; and dependent children, and persons who were aged, blind, or disabled. A portion of the Federal funds subsequently appropriated were designated for a newly established Branch of Welfare and Placement. This office was concerned, to a large degree, with the development of work opportunities in a wide variety of industries, including agriculture, mining, railroad, and other types of work. Sub offices were established in strategic locations throughout the reservation area to recruit workers. Regional offices were established in Denver, Los Angeles, Phoenix, and Salt Lake City to contact potential employers and develop work opportunities for tribal members. As a result of this program, in 1948, 13,000 Navajos were employed. However, practically all of this off-reservation work was temporary (Young, 1961, pp. 215, 292-3).

The BIA continued to operate this off-reservation placement service until 1950, at which time it was transferred to the State Employment Offices, and to the Railroad Retirement Board. Subsequently, BIA placement services were revived as part of the Relocation program (described in a later section of this chapter). During the 1950s, the Arizona State Employment Service placed a growing number of American Indians in agricultural and non-agricultural jobs. However, the non-agricultural employment embraced a wide variety of jobs, some lasting only a few days (Young, 1961, pp. 215-6, 222-3).

"Rehabilitation" Services

Section 2 of P. L. 80-390 authorized and directed the Secretary of the Interior

" . . . at the earliest practicable date to submit to the Congress his recommendations for necessary legislation for a long-range program dealing with the problems of the Navajo and Hopi Indians."

Accordingly, in March 1948 the Secretary of the Interior submitted to the 80th Congress a comprehensive report, *The Navajo*, setting forth in detail a long range program for Navajo "rehabilitation" to be carried out over a ten year period at the cost of $90,000,000. A few years later, in 1950 Congress enacted the Navajo-Hopi rehabilitation act (P. L. 81-474) "To promote the rehabilitation of the Navajo and Hopi Tribes of Indians and a better utilization of the resources of the Navajo and Hopi Indian Reservations". This Act included a provision for the "Development of opportunities for off-reservation employment and resettlement and assistance in adjustments related thereto . . .", and authorized the appropriation of $3,500,000 for this specific purpose. This provision was used to encourage the long-term or permanent resettlement of Navajo families to distant areas where industrial employment was available. This aspect of the program became known as *Relocation* (Young, 1961, pp. 1, 215, 293), and is described in more detail in a subsequent section.

The Navajo-Hopi Rehabilitation Act (P. L. 81-474) contained provisions for a broad range of other programs, many of which could be considered "public works", although those words were not used. In all of these programs, Section 3 of the Act specified that Navajo and Hopi Indians were to be given preference in employment and, to the fullest extent possible, Indian workers on such projects were to receive on-the-job training in order to enable them to become qualified for more skilled employment. These projects included soil and water conservation and range improvement work; irrigation projects; surveys of natural and human resources; and construction of roads and trails, telephone and radio communication systems, hospitals, schools, and housing.

During the first three years of the Navajo-Hopi Rehabilitation Act, all types of construction were carried on under "force account", resulting in the employment of several thousand Navajos and Hopis. This force account program came to an end in 1954 (Young, 1961, p. 216), but the concept was revived in 1961 by the BIA to employ and train American Indian workers who would not have been employed if outside contractors had been used. Many BIA construction projects in the larger urban areas brought many migrant American Indian workers in to fill jobs and receive training opportunities.

The Navajo-Hopi Rehabilitation Act (P. L. 81-474) of 1950 also had a provision for the "Development of Industrial and Business Enterprises," for which $1,000,000 was authorized to be appropriated. This led to joint efforts by the BIA and the Navajo Tribe to develop industrial employment in or near the Navajo Reservation. This experimental industrial development program met with limited success at first. Projects surviving beyond the first few years included a reorganized Arts and Crafts Guild, the Tribal Ram Herd, the Window Rock Coal Mine, the Wingate Village Housing Project, motels in Window Rock and Shiprock and the Tribal Sawmill. After 1954, emphasis shifted from small enterprise development on the Navajo reservation to attracting major established industries, capable of employing Navajo workers, to communities bordering the Navajo Reservation. Then, the Industrial Development program worked with the Relocation program to assist Reservation people to move to communities surrounding the Reservation where various industries were located. In 1957, for example, 56 Navajos entered industrial employment under the Tribal Industrial Development program. These efforts led to a series of enterprises on and near the Navajo and Hopi Reservations which employed American Indians (Young, 1961, pp. 1, 184-197, 217, 235-6). Funds for industrial development were regularly appropriated under the heading of "Resources Management" in the 1950s and

1960s. By 1965, these programs had helped more than 40 tribes in preparing "Overall Economic Development Plans," so that the tribes could qualify for grants, loans and other services under the Area Redevelopment Act of 1961 (P. L. 87-27).

The Relocation Services Program

This BIA program was initiated in 1952 to facilitate (by counseling and other assistance) the voluntary resettlement of Navajo and other Indian families from reservation areas to industrial regions where wage employment opportunities were more readily available (Young, 1961, p. 233). This program maintained a headquarters office at Window Rock on the Navajo Reservation. Offices were also established in each of the five Subagencies. The function of this Relocation Program was to provide necessary funds to cover the expense of moving, as well as to assist resettled families to locate housing, schools, sources of medical care, and employment in the cities to which they elect to go (Young, 1961, p. 234; Ablon, 1971b, p. 387). To this end, the BIA also maintained Field Relocation Offices in eight cities: Los Angeles, San Francisco, Oakland and San Jose in California; Denver, Colorado; Dallas, Texas; Chicago, Illinois; and Cleveland, Ohio (Young, 1961, p. 235).

In 1955, the BIA and the U. S. Department of Labor agreed to promote the primary objectives of permanent, voluntary relocation and the provision of full employment services to reservation Indians. These services included counseling, the administration of aptitude and proficiency tests to prospective Indian workers, and full consideration of the qualifications of Indian applicants in the filling of job orders (Young, 1961, p. 216).

Adult Vocational Training Program

In 1956, P. L. 84-959 was enacted. It authorized Federal funds to facilitate the employment of adult American Indians on or near Indian Reservations by supporting vocational training programs for Indians (Young, 1961, p. 217; Ablon,

1971b, p. 387). The length of each training program was not to exceed two years. Upon completion of training, individuals were assisted in finding employment. Some received their training in cities located near the reservations, where employment opportunities were not always readily available. In the event that employment could not be found locally, such persons were helped to resettle in areas or communities where there was a demand for the particular skills they had acquired (Young, 1961, p. 235).

One such program was the Navajo Rehabilitation Project (1963-1966) at Northern Arizona University (NAU), which was then known as Arizona State College. This was a vocational rehabilitation and employment assistance program. The BIA had strategically placed Office of Employment Assistance facilities, where counselors made referrals to the Project and were often instrumental in placing clients after they had completed evaluation. The BIA, as one of the largest employers on the Reservation, was itself a potential source of disabled Navajo employment (Henderson, 1967, p. 25). After clients were accepted for services, they were brought to NAU for vocational evaluation and other services, where they lived for a time in housing provided by the Project.

> The majority of the Navajo Rehabilitation Project clients were limited in off-Reservation experiences, and their adjustment process upon entering a rehabilitation project was considerably greater than that experienced by the average rehabilitation client. The social adjustment program was aimed at familiarizing Navajo clients with aspects of the dominant United States culture useful to them for their future progress (Henderson, 1967, p. 10).

Merits of Relocation

The success of some of the relocation programs described above was limited because of very difficult problems of housing, education, and health, as well as the reluctance of most Navajos to leave their homeland for more than a few

months (Young, 1961, p. 293). Too often, the American Indian participants received inadequate training, and were placed in low-income jobs. The unions failed to accept Indians as members, which resulted in unemployment for some migrating American Indians. Other conditions adding to the failure of some of these programs were poverty conditions in the areas in which they settled; disruption of tribal contacts and family relationships; inadequate supportive services and funds; and inadequate educational and vocational services (Sando, 1976). Many of the migrant participants in the relocation program failed to adjust to city life and subsequently returned to their reservation. For example, on the Navajo Reservation during the period 1952-60 inclusive, the rate of return was about 35% (Young, 1961, p. 236). Those who remained in urban areas continued to maintain contact with their reservation families with the desire to eventually return to their reservation.

These programs provided training, housing, moving costs, transportation, emergency funds, some health care, welfare, and household goods for those choosing to work and relocate in urban areas. More than 100,000 Indians (including dependents) moved to urban areas under the sponsorship of the early relocation programs (Sorkin, 1969, p. 244, cited in Ablon 1971b, p. 387). Many American Indian families were relocated to the cities in the San Francisco area. The number located there was estimated at 12,000 to 20,000 and represents over 100 tribes. About one half of those migrating to this area were funded by the above mentioned programs of the BIA (Ablon, 1971a).

Although Relocation programs were first viewed with skepticism, by 1957 these programs had gained the confidence of the Navajo people and its leaders (Young, 1961, pp. 215, 235-6). This favorable attitude has been eroded to a considerable degree since then by attempts to resolve territorial disputes between the Navajo and Hopi tribes by the eviction and resettlement of occupants of the former

Joint Use Area under the Navajo-Hopi Relocation Commission (P.L. 93-531, enacted in 1974). Once again, "relocation" has acquired a negative connotation, and is widely assumed by members of the Navajo Tribe to be non-voluntary and permanent.

Even before this Relocation Commission began its work, scholars had begun to question how "voluntary" the BIA relocation program really was:

> American Indians have not come to the city on a truly "voluntary" basis (even though, ironically, the Bureau of Indian Affairs Relocation Program was first called the "Voluntary Relocation Program"). Most Indian Reservations are economically depressed areas. The lack of employment opportunities and the prevalence of widespread and staggering social, education, and health programs have motivated many persons to relocate to urban areas. . . . Indian relocatees have essentially been forced into the mainstream of American life. They come for employment and schooling, not to become "white men" (Ablon, 1971b, pp. 386-7).

From this point of view, if there are more services available in urban areas and if these services receive more funding than services in rural areas and reservations, what kind of choice do those in rural areas or reservations who need services really have?

Very little research has documented the advantages and disadvantages of urban migration. In a study by Lane, Mueller, and Graves (1978) the economic payoff for urban Navajo migrants who moved to Denver and who participated in three different types of educational activities (formal-general, formal-vocational, and informal on-the-job) was shown to have a substantial threshold effect related to their level of formal, general education. The threshold of education benefit was found to be 10 years of formal education. The amount of education below this threshold was found to have no economic payoff for the individual. The measured

value of informal on-the-job training held greater economic payoff, significantly more than a large amount of formal education, unless the individuals obtained significant amounts of formal education. For example, an individual with little formal education choosing between an extra year of formal education versus an extra year of job experience would find that dropping out of high school was a highly attractive alternative (Lane, Mueller, & Graves, 1978). The city was perceived by the study sample as providing a favorable context for the attainment of economic material goals, while the reservation offered sparse economic advantage. The most salient factor to migrants who stayed in the cities was the quest for better economic conditions.

An Indian reservation however, offers some of its own advantages, particularly in the areas of sociocultural needs. These include an existing land-based family system, acceptance and tribal-oriented services. Fifty-four percent of Denver Navajo migrants studied in 1966 indicated the major positive feature of reservation life was the proximity to family and relatives; 40% mentioned the experiences of engaging in the traditional economic activities of an agrarian lifestyle (Lane, Mueller, & Graves, 1978). Twenty-five percent indicated the love of space and freedom that reservation life offers. The reservation does offer social love-and-affection goals and opportunities to engage in traditional Navajo activities (Graves, 1966). However, there was no difference in the level of social love-and-affection goals (Indian values about family) between those who remained in urban areas and those who returned to the reservation (Graves, 1966). Graves suggested that urban Navajo migration may not be the most effective way of coping with limited reservation resources. A greater benefit may be gained from developing a more stable economic base on or near the reservations.

Mental Health Outcomes of Relocation

Social and psychological stress affect the American Indian who has left the rural agrarian lifestyle for training or employment in urban industrial areas. The leaders of one early program worried about the consequences of "thrusting" people into a "foreign" environment (Henderson, 1967, p. 88f.). American Indian migrants to an urban center have particularly difficult adjustment problems. The entrance into the urban job market is usually at the bottom level, due to low educational attainment and inadequate skills for coping with the complexities of urban life (Graves, 1973). Half of the migrants return home within six months, often as a result of frustration with poor pay and the sacrifice of leaving supportive families, friends and their own home (Graves & Van Arsdale, 1966). In a 1970 study by Graves, the arrest rate for American Indians was 35 times higher than that of lower-class Whites in similar jobs, and more than six times higher than that of Spanish-American migrant males.

Relocation is more than a geographic move. It involves the change of social and cultural variables which affect ego strength in American Indians. In a case study of reservation Navajos and migrant Navajos in Denver, it was found that the act of migration significantly elevates the blood pressure and increases the biochemical adaptation called the general adaptive syndrome (Alfred, 1970). A 1978 study of the mental health of urban American Indians in Portland, Oregon projected that within the next decade, the urban Indian will be in a high morbidity category for specific emotional and physical illnesses, and accidents (Shore, 1978). In summarizing the problems of the urban American Indian, Ablon (1971a) presented the following hypothetical explanations:

1. An inability or unwillingness to manage budget finances caused by: (a) cultural values that emphasize sharing and acknowledging family and tribal

obligations, (b) a present time orientation, and (c) inexperience with paying for services in the city.

2. Difficulty in using community agencies resulting from apprehension and ambivalence in dealing with Whites; American Indian values centered on group cooperation rather than on individual competitiveness; and withdrawal from unpleasant situations, which often precludes effective interaction in urban situations.

3. A pattern of alcohol use which contributes to marital conflict, loss of jobs and money, and increases negative interaction with the law.

4. An inability to provide adequate supervision for dependents in times of crisis due to the absence of or separation from extended family support networks.

The Relocation of American Indians with Disabilities

According to a labor market analysis by Martin and Frank (1987) Federal Region IX, which includes Arizona, has the highest percentage of work disabled persons, with more work disabled people living in rural areas. The key vocational rehabilitation barriers for American Indians most frequently cited by survey respondents in a study conducted by Ann White (1987) were geographic/residency patterns, along with cultural, linguistic, socioeconomic conditions, governmental policies, and type of disability.

In 1987, the biggest program at the Phoenix Indian Center was for employment and training. At the Center, 812 persons out of a total of 5,320 American Indians received these services. The majority of the clients at the center had an income less than $6,000 per year, were single, and had graduated from high school; the 26-44 age group was the most frequent (Bigpond, 1988, p. 10).

The geographic location of individuals with disabilities has a significant impact on their access to vocational rehabilitation services. American Indians fall into three geographic groups: (a) those living on reservations, (b) those living in

non-reservation rural areas, and (c) those living in urban areas. O'Connell and Minkler (1987) completed a client case file review of some of the barriers to vocational services for Navajo VR clients in the Navajo Vocational Rehabilitation Program, and reported that vocational rehabilitation clients residing on the Navajo reservation lived an average of 33 miles from vocational rehabilitation offices, and 147.6 miles from the place where vocational and psychological evaluations were most often provided (O'Connell & Minkler, 1987). In the same study it was found that the majority of Navajo clients did not report a street address, but rather a post office box or general delivery address. Of the clients found ineligible for NVRP services, the mean educational grade attainment level was only 5.4 years. More of the clients in this study who were terminated prior to diagnostic services were referred by social services on the reservation, while those clients found to be successfully rehabilitated were self-referred.

Morgan and O'Connell (1987) reported that the nonacceptance and case closure of American Indian applicants due to an inability of the counselor to maintain contact was a serious problem for most state vocational rehabilitation counselors. The rate for this nonacceptance is more than one and one-half times that of the general population nationwide. Poor English skills, poor reading skills, and having more than one residence, one on and the other off reservation, in order to maintain contact with the extended family while securing employment, are possible barriers to successful vocational rehabilitation. Despite the low success of vocational rehabilitation due to the client's socioeconomic history, or the likelihood of having severe disabilities, certain aspects of the rehabilitation system itself may be contributing to the failure of American Indians. In particular, ". . .the counselor's inability to continue contact with the client throughout the rehabilitation process so that the rehabilitation plan can be implemented and rehabilitation successfully completed constitutes a major barrier for the Native American client."

(Morgan, & O'Connell, 1987, p. 147). Understanding the need for relocation and the problems of migration for the American Indian VR client could be beneficial in planning better vocational rehabilitation services.

Summary

There have been many studies attempting to predict the rehabilitation outcome of VR clients based on client characteristics. Demographic and biographical factors such as age, ethnic background, education and public assistance status are the strongest predictors. The type of disability plays a smaller role, and the role of severity of disability in successful placement is not clear. However, realistic and flexible expectations appear to be an important characteristic (King, 1987). Few if any studies have looked specifically at the culturally-related characteristics of the VR client and how they influence rehabilitation success, particularly for the American Indian client who is relocated from the rural, reservation setting to the urban, industrialized setting.

There are many American Indians in urban areas who migrate there to improve their economic condition. Urban Indians often do not have traditional family or cultural support systems and have difficulty identifying a central agency in the urban areas with whom they can network effectively for services. Many rural American Indians return to reservations after an unsuccessful urban experience. The main problem facing American Indians is the need for better economic conditions in their communities where they have a family, extended support networks, and a land base. However, this may not be an immediate reality for American Indians who are disabled and seek training and employment opportunities. Relocating to the urban areas remains a viable rehabilitation option.

CHAPTER TWO: METHODOLOGY

Sampling Design

The original target sample for this study was rural VR clients who had been relocated to an urban area for VR services such as training and/or job placement during the period 1983-1987 in Arizona (and, in a few cases, adjacent states), for whom the outcome of service delivery is known. Known service outcomes are classified as closed rehabilitated (status 26), closed not rehabilitated after IWRP program initiated (status 28), and closed not rehabilitated before IWRP program initiated (status 30).

For analytical purposes, this target sample was subdivided into American Indians (Group ARR), and a non-Indian control group (Group BRR). American Indian VR clients who were not relocated for VR services form another control group (Group A*N); these cases were subdivided into urban (Group AUN) and rural or reservation (Group ARN) subgroups for comparison. Finally, the group of American Indians relocated for VR services (Group ARR) was divided into a group who were interviewed (Group ARRI), and those who were not interviewed (Group ARRN). Each group can then be described by a three or four-letter code:

First letter A: American Indian	or	B: Not American Indian
Second letter R: Rural/Reservation	or	U: Urban
Third letter R: Relocated	or	N: Not relocated
Fourth letter I (optional): Interviewed	or	N: Not interviewed

For the purposes of this study, "rural" was defined as excluding the Phoenix metropolitan area, Tucson, Flagstaff, and Yuma, which have populations of more than 40,000 each. However, individuals from reservations located adjacent to urban areas [such as Gila River, Salt River, Ft. McDowell, Cocopah, San Xavier, and Pascua/Yaqui] were included in the rural/reservation target sample if they were relocated in order to receive VR services. Also, for the purposes of defining a non-

Indian control sample only, Flagstaff was classified as "rural" in order to allow the inclusion of six subjects who were relocated from the Flagstaff area to Phoenix for VR services, as described later in this chapter.

Identifying a group of American Indian VR clients for whom the rehabilitation outcome is known (Closure statuses 26, 28, or 30) is a relatively simple matter, since "RACE" and "TYPE OF CLOSURE" information is available on the R-300 Statistical Reports for each FY as well as on the Case Service Report (CSR) forms. However, in a few cases, "RACE" is not a fixed attribute of a person! The CSR manuals in use during the period of study stated that

> Information for this item should be acquired by observation. Do not ask the client directly. Code the group to which the client appears to belong or is so regarded as belonging in the community (RSA, 1980, p. 17; 1986, p. B-1).

In several (at least two) cases, clients who were classified as American Indians during one rehabilitation cycle were classified as White or Hispanic elsewhere. For example, one client was classified as White, and subsequently was closed in Status 30. She later moved to another county, re-applied, was classified as American Indian, given a new client/case number, and was closed in Status 08. For this study, the information dealing with her Status 30 closure cycle was used, reclassifying her as American Indian.

Identifying which clients had been relocated from rural or reservation areas to urban areas for VR services was not as simple. Until August 1985, the identification of VR clients from rural areas and reservations was recorded on each client's Case Service Report form. This "RESIDENCE CODE" was defined as the client's address at referral, and was not to be changed if the address later changed (RSA 1980, p.16). It was defined as "I" for reservations, "R" for rural areas, and "U" for urban areas with a population of more than 10,000. Unfortunately, however, this information was not included in the R-300 statistical reports for those

years, and this field was dropped from the CSR forms which appeared in August 1985 and subsequent years. By the time this project got under way, most of the old CSR forms which had this information had been destroyed, in accordance with State VR policies. Other information on the CSR forms or in the R-300 statistical report forms could not be used for this purpose: the client's address, city, zip code, county of residence, and phone number were all supposed to reflect the client's most recent residence (RSA, 1980, p. 18; RSA, 1986, p. B-1, B-2).

We were fortunate in that the Navajo Vocational Rehabilitation Program (NVRP), which was in the process of setting up its own case service reporting system, had most of the data for the years covered in this study in actual case files. The NVRP central office allowed one of us to review all closed case files held at the central office in Window Rock which fit our project's scope. In order to determine the target population for the NVRP cases, a case file review form was developed to gather information essential for identifying clients who fit the target profile, and for contacting these clients. This included information such as last address, employer, parents, former VR office and counselor. This case file review form was used to gather data on cases closed in status 26, 28, or 30 and dealt with American Indians who were relocated to urban areas in Arizona (and, in a few cases, adjacent states) for VR services. This case file review was necessary to determine whether the client relocated for training or other employment related services. These clients were then invited to be interviewed by a process described in a later section of this chapter.

However, as originally anticipated, for the rest of the State, we depended for this part of the project's target sample on VR counselors (or others who had access to existing client files) to identify for us those clients who were relocated to an urban area for VR services. In an attempt to maximize cooperation from VR counselors in identifying additional cases for our target population, a printout

organized by VR office, counselor number and name, and client name was generated using information from the R-300 printouts and available CSR forms, with blanks to fill in next to each name for residency and relocation status. More than 300 cases of Native Americans who had received VR services were identified. These were closed cases (statuses 26, 28, or 30) and represented candidates for our target population. The relevant pages of this printout were sent to each VR office with a cover letter from the RSA District III Program Manager in Flagstaff, who also was state coordinator for Native American VR issues, requesting their assistance in identifying those cases which involved relocation to urban areas for VR services. Client confidentiality was maintained throughout this process, as access to these names was limited to qualified personnel with legitimate interests. The responses to this survey identified 15 additional cases for the target rural or reservation Native American relocatee sample (Group ARR). These cases came from the District III Offices 310 and 934 (Flagstaff); District I Office 122 (Mesa); Office 512 (Casa Grande); and District II Offices 209 and 213 (Tucson).

This survey of VR offices around the State disclosed that some 78 relevant older case files had been destroyed (in accordance with established RSA policy on old cases), or the client's counselor was no longer available, or client information was otherwise unavailable. The relocation status of 226 cases was identified: a total of 76 clients from all offices (including NVRP) had been relocated, 150 were not.

After the survey of counselors was completed, the relocation status of many clients was still unknown. Many of these were clients whose cases were being handled by an urban office (e. g., offices 100 - 199 and 930-932 in District I [Phoenix] and offices 200-299 and 933 in District II [Tucson]). Almost all of these clients would be already living in an urban area and therefore would not find it necessary to relocate for VR services. The only expected exceptions would be

clients living on a reservation adjacent to Phoenix or Tucson who would go to an urban VR office because no such office was available on their reservation. A few such cases were identified for us by counselors or other staff from urban offices, as indicated above. At the risk of misclassifying a few such cases, all clients whose relocation status was not certain who were associated with an urban VR office were considered not to have relocated. Similarly, if their residency status was uncertain, they were considered urban rather than reservation. This increased the size of the urban American Indian control group of individuals who did not relocate for VR services to an urban area.

Similarly, clients whose cases were being handled by a rural VR office (offices 335-422, 512-642) were presumed to have rural or reservation residency. We had no way of knowing whether these clients chose to be relocated to an urban area for VR services or not except by means of the survey of VR counselors and staff, or by our examination of NVRP case files. However, there were only 130 such cases which closed in statuses 26, 28, or 30.

The non-Indian control group (Group BRR) represented a special identification problem. Using the same procedure as for Native Americans would have generated lists of thousands of names which would have overwhelmed VR counselors. Instead, those who received the lists of Native American candidates for our target population were also asked if they could identify any non-Indian clients who were relocated from a rural area to an urban area for VR services. This method resulted in the identification of only two "non"-Indian VR clients, but even these turned out to be Native Americans (mixed with Hispanic origin). A small group of six non-Indian cases involved in a special RSA District III school to work transition project was then identified who were relocated from the Flagstaff area to Phoenix for VR services. These form a small control group (Group BRRN referred to earlier) for purposes of comparison.

All groups were used for the project's Phase I computer analysis, described in the following sections. The subjects who were interviewed (Group ARRI), in addition to being included in the Phase I computer analysis, were analyzed in more depth for Phase II; additional methodological issues for this group are described in subsequent sections of this chapter. Table 1 (page 41) summarizes the number of cases for each sample criterion.

Formation of the Data Base for Phase I Analysis

Several sources of information were available on the target population. The two main sources of information were Case Service Report (CSR) Forms, and R-300 Statistical Reports. However, each of these were subdivided because the information collected and reported changed from year to year. Although not anticipated by our original research design, information from R-300 Statistical Reports provided essential client case file information on many cases from FY 84 and 85 which was not otherwise available, and without which our sample would have been much smaller. In addition to these principal sources of information, a third source was discovered more than a year after the beginning of the project: the Client Register. This register exists in microfilm from years for which the state RSA office no longer has CSR forms, and has important information not provided by the R-300 Statistical Reports for those years.

Two important events altered our original data collection design. One was that the mainframe computer system used by RSA computer services was completely transferred to the Arizona Department of Economic Security, which has a totally different computer system. In this process, the computer data tapes that contained the fiscal years relevant to our study were either deleted or lost in the transition. The main offices of RSA in Phoenix did retain printouts of the R-300 Statistical Reports for FY 1984-1987 and most of the original CSR forms for FY 1986 and 1987. At this point it became clear that data from 1983 which we had

originally hoped to use was no longer available. The other event was the movement of NVRP's management and case service reporting from Arizona RSA's computerized system to their own system in Window Rock. We originally thought that NVRP data would be easily accessible by copying computer tapes and transferring them to the NAU mainframe. Unfortunately, these tapes were also lost or deleted in the changeover. However, hard copies of reports had been retained and sent to Window Rock, the central office of NVRP. The result was that before analysis could begin, a master file had to be constructed from a series of different databases.

Case Identification

Because our data came from these different sources, it was essential to have a way of uniquely identifying each individual, so that no individual appeared more than once in the sample, and so that multiple records of the same individual could be matched and combined. The client's name was not entirely satisfactory for this purpose for a number of reasons: first, the client's name did not appear in the R-300 Statistical Reports. Second, the client's name might have been spelled in slightly different ways, resulting in some confusion as to whether or not the same individual was intended. There were numerous possible variations: use of formal first name vs. informal nickname; presence or absence of a middle initial, or the designation Sr./Jr.; variations in capitalization and spacing for Mac . . . or Van . . ., etc. Third, it was possible for more than one person to have the same name. These reasons were not simply theoretical; examples of each can be found in our data. In addition, there might have been problems if a female client married and changed her last name during the course of VR services, or between multiple case closures.

Another possible unique identifier was the Client Number assigned to the case (indeed, this number is sometimes referred to as the "case number"). This was pre-printed, and computer-assigned. The problem with this identifier was that if a

client went to another office, or re-applied for service, a different client number might be assigned. This problem also occurred in our data. Perhaps because of this problem, since FY 1986 the R-300 Statistical Reports did not bother to print out the Client Number; instead, the Social Security Number was the first client information field, and the data was listed in order by Social Security Number. Since we were dependent entirely upon R-300 Statistical Reports for about a dozen cases, and because several numbers could be assigned to the same client, the Client Number was not a suitable identifier.

As this implies, the client's Social Security Number was probably the closest thing to a unique identifier. However, this field on the CSR form could be left blank in statuses 00, 02, 00/08 or 02/08, if unavailable (RSA, 1980, p. 16). A more recent manual added the following exhortation:

> "Every effort should be made to determine and accurately record this number. However, at closure if the client does not have a SSN or it is unavailable, a pseudo number must be used. Each Cost Center is assigned a block of pseudo numbers according to usage." (RSA, 1986, p. A-4)

Despite these efforts, even the Social Security Number failed as a unique identifier in a few cases (four times in our data), although it worked better than the previously discussed identifiers. First, problems occurred in a few cases for which no SSN was ever recorded. This problem was "solved" for present purposes by assigning an arbitrary one-digit social social security number for those individuals. Second, in one case it appeared that no SSN was originally available, so a "pseudo number" was assigned and used. Later, a SSN was available, and was used, with the result that the same individual appeared in the data base twice under different SSNs. A variant on this problem occurred another time when the client's SSN was apparently improperly recorded, resulting again in two "different" Social Security Numbers for the same individual.

For the purposes of identification in this report, a new ID code was defined for each individual, after checking Social Security Number, Client Number, and Name (when available) indexes for evidence of duplications. During the analysis, however, the Social Security Number was normally used first for matching up records from different sources (e.g., CSR forms and R-300 statistical summaries from the same fiscal year); it was checked with the Client Number and/or Name (if available) if any questions arose about a proper match of records.

When more than one record for the same individual was available, a decision had to be made about which one to use. It did not always make sense to use the most recent CSR, given that we were primarily interested in service outcomes-- i.e., cases closed with status 26, 28, or 30. If, for example, VR services for a client were continuing for a client who had re-applied after an unsuccessful closure, the most recent CSR would reflect this new uncompleted phase of VR service, and because this phase was not yet complete it would not be useful for our survey. However, data for his/her previous closure might have been useful; in that case, however, the data for that period of service would be found on an earlier CSR form or R-300 Statistical Report. Similarly, the most recent CSR for a client who re-applied after closure and was found to be ineligible (status 08) might be less useful than the previous CSR which contains data regarding a more complete cycle of VR services. Consequently, a procedure had to be worked out to recognize these situations, and to select the most useful data when more than one CSR or R-300 Statistical Report was available.

This suggests that it may be of interest to know if a client who reached a closed status (status 08, 26, 28, 30) has re-applied for services, or is receiving additional VR services. Consequently, several new variables, LASTSTATUS, LASTCSLR and LASTDATE, were created in order to show if a client applied for or received additional VR services after closure. This procedure disclosed another

anomaly in the data: in one case, two CSR forms (one from NVRP, and one from DVR) indicated 26 closures on a particular client, but different closure dates seemed at first to indicate two different rehabilitation cycles for this client. A more detailed check of the original CSR forms indicated, however, that only the date of the 26 closure and the date of the CSR form were different; all other data, including the dates of all other VR statuses, were the same. In this case, data from the more recent CSR form were used.

Client case file characteristics

In general, the separate sources of client case file characteristics from CSR forms, R-300 Statistical Reports, and Client registers were entered into separate computer databases, and then gradually combined into a master file. In the process, a data dictionary was compiled to guide the process of merging the files because of the changes in definitions and values of client case file characteristics. This data dictionary grew so large that it will be available separately. It evolved into an extremely valuable resource which, had it been available at the beginning of our study, would have saved months of work.

Data from the R-300 Statistical Reports were entered first, and were analyzed on the IBM/CMS system at NAU using SPSSX. Two files were formed: one for FY 1984 and 1985, and one for FY 1986 and 1987. This was necessitated by the extensive changes which occurred in the format of the reports between FY 1985 and 1986. However, the similarity between R-300 formats for FY 1986 and 1987 is to some extent deceiving: In October 1986, another field was added to the CSR form, "VR SERVICES: JOB REF" (Field H18). The R-300 Statistical Report for that Fiscal Year provided space for this information, but many counselors continued to use the old 8/85 CSR form long after the new 10/86 CSR form with this new field was introduced. Consequently, while the R-300 Statistical Report for FY 1986 looks the same as for FY 1987, that one space for "JOB REF" was

filled whether or not it was based on a CSR form which had that field, or had any information in that field. In other words, if that space contained a 0 (zero) in the R-300 Statistical Report, it could have been that no job referral service was provided, or that the old CSR form was used which had no space to indicate whether or not job referral service was provided!

The R-300 Statistical Reports do not print all information from the CSR forms. For example, fields containing the client's name, address and phone number are not copied to preserve confidentiality. However, other fields with information relevant to our research were not copied. For example, the Residence Code field used on old CSR forms did not appear on the R-300 Statistical reports for the years in which those forms were used.

These reports also contain transformations of information on CSR forms. Sometimes, these conversions simply amount to substituting a number for a letter. On other occasions, values are combined, resulting in a loss of information. For example, Previous Closure Status is coded on the CSR forms as NO, 08, 26, 28, or 30, which are converted in the R-300 report to 1 (for NO or 08), 2 (for 26), or 3 (for 28 or 30). In these cases, there is some loss of potentially useful information. However, in some cases these conversions were very helpful: for example, in FY 84 and 85 (but not in FY 86 and 87) a series of variables summarizing the number of months a client spent in different status categories (or groups of categories) was computed. In fact, this information seemed sufficiently important that a computer program was written to calculate these summary variables from the status fields on CSR forms for the more recent years for which the R-300 forms no longer made those calculations, so that this information would be available for all cases.

As a result, considerable time and effort was expended in order to produce a master file containing the same kinds of information on all cases. The separate source files were converted to dBASE III Plus files on the hard disk of an IBM

compatible XT computer, if they were not in that form already. A series of dBASE procedural language programs were written to compare case identifiers and merge client case information into a standardized format for all cases, and to harmonize differences in coding conventions. A number of the differences between the different sources, in addition to those already described above, are summarized below in order to convey an idea of the kinds of data management problems that had to be discovered and dealt with.

1. A field which began as "MILITARY DISCHARGE" was moved to a new spot on the CSR form and re-labeled as "VET" beginning in 8/85, using new codes for a similar set of service and discharge statuses [AIRRTC variable: "VET_STAT".]

2. The R-300 Statistical Reports for FY 1984 & 1985 computed a variable called "Outcome of Ex E/VR" with values 1 to 4 corresponding to closure statuses 06-08, 26, 28, & 30, as determined from the status fields of the CSR form. For subsequent R-300 Statistical Reports, this was re-labelled "Type of Closure;" all values were redefined so that 1 now refers to closure 02-08 instead of 06-08; 2 refers to 06-08 instead of 26; 3 refers to 26 instead of 28; 4 refers to 28 instead of 30, and 5 refers to 30 [AIRRTC variable "TYPE_CLS".]

3. "Occupation at Closure" is recorded as a nine digit number on all CSR forms; however, the R-300 Statistical Reports from FY 1984 and FY 1985 print only the first four digits of this code, and those from FY 1986 and FY 1987 print the first six digits.

4. The fields for coding VR Services provided changed in several ways in 1985 and 1986. Some fields were combined [e.g. Bus. Ed. and Voc. Ed. fields (F14 & F15) were replaced by a single Bus. & Voc. training field (H13)]; others were added [e.g. JOB REF (Field H18) and PLCT (Placement), Field H19], and still others were dropped (e.g. OTH ACAD, Field F13). Value codes for all of

these were substantially changed from three codes representing simple cost options to seven codes representing a more complex set of funding possibilities which are described in different terms, even though some of the same codes are used (but with different definitions). For example, code 2, which originally meant "Without cost", was redefined as "Agency provided the service directly". However, the previous category "Without Cost" (Code value 2) may correspond to the more recent category "Non-vocational rehab source paid for the service; sim benefit", which is Code value 4.

These examples may suffice to illustrate the range of data management issues which had to be dealt with in producing a master file which contains the same information (or as similar as could be determined!) on each client.

Post-Employment Services and Annual Review

Following closure in certain Status 08 (closed without services) and Status 26 (Rehabilitated) cases, a client may be targeted for annual review or may receive some post-employment services (Status 32). Annual review status is specified on CSR forms, but no other information about the results of such reviews are recorded on these forms. Also, CSR forms are not used to record any information about post-employment services (VR Counselor's Manual, Document DES 4-2-11: "Post-employment Services," 1-87, Rev. No. 30). Instead, information about post-employment services is recorded on a special document (VR-072, 10-88) added to the client's IWRP. The Phase I analysis of computerized data bases relied entirely on CSR forms, or on data bases derived from these forms. Therefore no analysis of post-closure annual reviews or employment services were done.

Data Analysis

The master data file described earlier was uploaded to the IBM/CMS mainframe computer at NAU and was analyzed using SPSSX. The sample was subdivided into its component segments, and descriptive statistics were obtained on

each variable. A number of tests were then made, comparing the different samples one variable at a time. The results are discussed in Chapter Three.

Phase II Methodology

Overview

Phase II of this project utilized a standardized survey research instrument to conduct interviews with American Indian VR clients who had been relocated for VR services, and were identified as a result of Phase I, and who had agreed to be interviewed. The interviews were conducted in the client's residence or other convenient place. The research question was: What key factors do American Indian VR clients who have relocated to urban areas for VR services associate with rehabilitation outcome?

The survey questions included fixed-alternative, Likert scale, and open-ended questions relating to factors which influenced the outcome of the vocational rehabilitation plan, which included relocation from a rural or reservation setting to an urban area for training or a job. The interviews were conducted informally to optimize each subject's comfort level with the interview process. With Navajo speakers, the interview often began in English, but shifted to Navajo whenever this seemed to facilitate the interview process. Sometimes rapport was enhanced by a few jokes and/or banter in Navajo. Interviews with other respondents were conducted in English. From this it should be clear that although each interview dealt with all questions on the interview schedule, and answers were entered on interview forms for each subject, the format was not rigidly ordered. All interviews were conducted in an atmosphere of mutual respect. Every effort was made to conduct the interviews in a manner in which the interviewee felt comfortable.

The survey form was designed to discover the factors promoting success, some of the barriers to successful vocational rehabilitation, and differences between cases closed as Status 26 (rehabilitated), and Status 28, or 30 (not rehabilitated).

Sampling

For the purposes of this phase of the project, the target "universe" was the group of relocated American Indian VR clients in Arizona with known service outcomes (Group ARR). A sample of this universe was identified using methods described in an earlier section of this chapter. In this section, the methods used for inviting these subjects to be interviewed are described.

With the cases derived from the NVRP, as previously related, a client locator form was designed. This form was modeled after the CSR form and also included other information such as notes from counselor correspondence, counselor notes, training facility evaluations and other information that was not quantified or reported on the CSR forms. A letter was sent to these clients indicating the purpose of the study, and the permission which had been granted by the NVRP and Arizona RSA for conducting the research. Through this cooperation with the Navajo VR Program, 64 cases of Native Americans who had been relocated to urban areas for VR services were identified. Client participation was requested and confirmed by mail, as participants frequently lacked telephone services. Interview dates and times were set at client's convenience. All participants contributed their time and information data on a volunteer basis, and were advised of their rights regarding confidentiality.

However, we did not have, nor did we expect to have, access to client files from the Arizona State VR system. We were dependent on RSA counselors and other personnel to help us identify American Indians who had been relocated from rural areas or reservations to urban areas for VR services. Those clients for whom an address was known who were identified as having relocated for VR services were sent a letter inviting them to participate in the in-depth interview described in this section, and referring to the permission which had been granted by the Arizona RSA for conducting this research. The correspondence also included for the

convenience of the client an addressed, stamped postcard with spaces to indicate their name, current address, time available, name of a person who knew the participant, directions to home, and indication of willingness to participate in the research. Those clients who were willing to participate could sign this response card and mail it back to us directly.

The original target sample size for this group was 50 subjects. When it became clear that it would not be possible to obtain this many interviews, all agreeable subjects who responded to our invitation where included, resulting in 20 interviews. One additional interview was added when it was discovered during the course of one interview that the spouse was also an American Indian VR client who had been relocated to an urban area for VR services, resulting in a total of 21 interviews.

Interview Instrument

Questionnaire content was formed as the result of an analysis of previous research on American Indian migration and relocation, by one of us and a task team. Task team members were comprised of rehabilitation professionals familiar with the vocational rehabilitation process and disabled American Indian clients. Contributing members included a counselor from Arizona RSA, Services for the Blind and Visually Impaired, and an American Indian professional from Indian Rehabilitation of Phoenix.

The questionnaire pilot test was administered to an initial group of eight clients, prior to finalization of the questionnaire. All comments and feedback were considered, and contributed to the final version of the questionnaire. The main issue addressed by the pilot was the length of time it took to administer the instrument.

The survey instrument also was reviewed by the Research Director and Center Director from the American Indian Rehabilitation Research and Training

Center, and the manager of Arizona Rehabilitation Services Administration District III Office in Flagstaff, Arizona.

Procedures

All survey respondents were informed of confidentiality, their right to refuse to answer any question, and their option to withdraw from the interview at any time. The interviewer also explained the purpose of the research and that if they had further questions they could contact the Research Director. An informed consent form was signed before any questions were asked or answered.

The first interviewees were Navajo Vocational Rehabilitation clients on the Navajo Reservation. The clients provided their latest addresses, names of persons who knew them and directions to their homes, on the response cards which they received with the letter requesting the interview. Some of the interviews were conducted in places not located on any standard highway department map or Navajo Tribe map, so the use of the directions proved to be very important, especially in some of the more remote areas of the reservation. Another important resource was the interviewer's knowledge of the Navajo language and culture, and of the Navajo and Hopi reservations. The interviewer is Navajo, grew up on the Navajo reservation, and had worked there, which enhanced his ability to find some of the isolated homes. Knowing how to ask questions at the trading post, post office, and homes along the way and even of sheepherders helped to locate some of these participants, because many of the roads are unmarked and unpaved. Some of the directions would indicate estimated mileage from a windmill or an unmarked road. On several occasions, the clients had moved to another location to live with their in-laws. For example, in one case a neighbor indicated that the family had moved and guessed that they had gone to live with their in-laws; but this neighbor did not know where the in-laws lived. The interviewer then observed the recent road usage to see which road led to the next neighbor, where he learned that the in-laws lived

in Pine Springs, a day's drive from Navajo Mountain, Utah. While such clues cannot always be sufficient to identify the person sought, they sometimes provide a way to find that person more quickly than would otherwise be possible.

CHAPTER THREE: ANALYSIS OF COMPUTERIZED DATABASES

The Sample

In preparation for the survey of counselors and VR offices, we collected information on 947 cases of American Indian VR clients who were served by the Navajo and Arizona VR programs during the 1984-1987 Fiscal Years. These included 442 cases which were closed in statuses 26, 28 or 30; but we also recorded information from 503 cases closed in status 08, and a few cases not yet closed during that period. These were retained for analysis as control groups.

The total relocation sample (Table 1) was somewhat smaller than anticipated: 76 Native American relocatees (Group ARR), and six non-Indian relocatees (Group BRR). This included a sample of 59 cases from the Navajo Vocational Rehabilitation Program out of a total of 184 cases eligible for services from that office, representing 32% of the eligible cases from that office. This supported the finding, reported in Chapter One, that 68% of counselors serving reservation clients thought that their clients were *not* willing to relocate for vocational training (Martin, Frank, Minkler, & Johnson, 1987).

These cases were representative of the five Navajo agency offices: Tuba City, Shiprock, Ft. Defiance, Chinle, and the Eastern Agency. Cases identified for us by State VR counselors and staff expanded this sample to include members of other tribal groups around the state (for details, see Chapter Four).

Table 1
Sampling Strata

	American Indian	Not American Indian	Total
Reservation or rural			
Known	122	6	128
Probable	411		411
Urban or prison			
Known	104		104
Probable	247		247
Unknown	57		57
Relocated	76	6	82
Not relocated			
Known	150		150
Probable	63		63
Status <26	503		503
Unknown	144		144
Rural or Reservation and relocated	76	6	82
Grand Total	941	6	947

Cases Closed in Status 08

A large number of cases were closed for intervening reasons or as ineligible (status 08). The reasons recorded for these determinations are listed in Table 2, which shows that 65.8% of these 503 cases were closed for intervening reasons as defined by RSA document DES 4-2-04.E.3 (1987).

Table 2

Reasons for Closure for cases closed as ineligible or for intervening reasons (Status 08)

Reason	Frequency	Percent
Intervening Reasons:		
Unable to locate/contact or moved	125	24.9
Failure to cooperate	124	24.7
Refused services/further services	67	13.3
Transferred to another agency	7	1.4
Client institutionalized	5	1.0
Death of client	3	0.6
Subtotal	331	65.8*
Ineligible:		
Handicap too severe or unfavorable prognosis	22	4.4
No disabling condition	12	2.4
No vocational handicap	6	1.2
Subtotal	40	8.0
All other Reasons	37	7.4
Unknown	95	18.9
Total	503	100.0*

* Slight differences in totals are due to round-off errors.

The finding of O'Connell & Minkler (1987) reported in Chapter One that the mean educational grade attainment level of clients found ineligible for VR services on the Navajo reservation was only 5.4 years is not supported by our present data, for which the comparable mean is 10.95 years--which is not much different from those eventually closed in status 26, 28, or 30.

Previous Closures

In the total sample of 947 cases, 72 were cases with multiple closures. Of these, 23 cases which had been closed as ineligible or for intervening reasons (status 08) reapplied. Twelve of these 23 cases were again closed in Status 08: ten

for intervening reasons, and two for other unspecified reasons. The other 11 cases were determined eligible Nine subsequently were closed as rehabilitated (status 26), while two cases were closed in status 28 (closed but not rehabilitated after the IWRP was initiated) for intervening reasons. Since 39% (nine of 23) of these cases were closed rehabilitated, this suggests the possibility that up to 130 of the 331 cases closed in Status 08 for intervening reasons might, if pursued more effectively, be successfully rehabilitated.

In addition, 18 cases which had been closed as rehabilitated (status 26) reapplied. Two of these were closed in status 08, one for intervening reasons and the other for an unspecified reason. Eleven were again closed as rehabilitated, but five were closed in status 28 (closed but not rehabilitated after IWRP was initiated), three for intervening reasons, one for an unspecified reason, and one because the disability was too severe or because of an unfavorable medical prognosis. Finally, 21 cases which had been classified as closed but not rehabilitated (status 28 or 30) reapplied. Of these, eight were closed in status 08, six for intervening reasons, one for an unspecified reasons, and one for an unknown reason. Seven were closed rehabilitated (status 26). Six were again closed as not rehabilitated (status 28 or 30), four for intervening reasons, one for an unspecified reasons, and one because the disability was too severe or because of an unfavorable medical prognosis. One-third of these cases, then, were re-opened and closed rehabilitated after receiving additional services, which suggests that up to 54 of the 162 cases closed as not rehabilitated might, if re-opened, be rehabilitated.

Native American VR Client Profile

Most of the clients in the total study population (including the control groups) were male (approximately 60%; in the relocation sample, 62%). They ranged in age from 17 to 60 years, with a median age of about 25 years and an

average age of 29 years. The most frequent age was 19, indicating a skewed distribution with most clients being 30 years of age or less at referral.

Although all of the cases (except for a small control group) are American Indian, about 5% are also of Hispanic origin. Information on language was available on 13 cases from the Navajo VR Office; for nine of these, the language indicated was the code for "Indian"[!]; two others indicated sign language, and two indicated English. There is no information in the data about tribal affiliations, but information collected during the interviews (see next chapter) suggests that while most in the sample are probably Navajo, other tribes are also represented.

Their most current addresses were in every county of the state except Santa Cruz. In addition, more than 100 of these current addresses were in New Mexico, and there were also some in Utah and California. Of the clients for whom information was available, most (54%) gave a Post Office box number for an address; another 5% had an address of General Delivery, or a rural route, or a Trading Post. No telephone number was recorded for most of these VR clients, even if they were living in an urban area. However, clients in urban areas were more than twice as likely to have telephones as those in rural areas.

The average highest grade level achieved was 11 years. Although most (55%) had at least a high school education, 29% had 10 years or less. Most (60%) of them had never married. Of those who had married, about half (48%) were divorced, separated, or widowed.

A Comparison of Control Groups and the Relocation Sample

In the comparisons which follow, we shall focus on those cases for which the individual's relocation status is known or probable. There were 295 such cases, including 81 relocations. The term "expected", unless otherwise noted, refers to *statistical* expectation.

Personal Factors (Table 3)

All groups were predominantly male except for the interview sample (see Chapter Four), which was 62% female ($\chi^2(1) = 5.16, p < .05$). The Relocation groups in general were significantly younger than the other groups, with a difference of about five years in the group averages ($F(4,287) = 5.86, p = .0002$). Put another way, most of those who chose relocation were born since 1960, whereas most of those who didn't were born before 1960 ($\chi^2(1) = 17.84, p < .001$).

Those who chose relocation for VR services were even more likely (82%) than the others (54%) to have never married ($\chi^2(1) = 19.32, p < .001$). About 5% of those who chose relocation were married, whereas the others were at least four times more likely to be married. Relocatees had significantly fewer dependents ($F(4,288) = 2.89; p = .0225$). On the other hand, almost all (95%) of those who chose relocation considered themselves to belong to either an extended family household, or a household with some other family structure, whereas 63% of the others did ($\chi^2(1) = 20.37, p < .001$). The families of those who chose relocation seem to be slightly larger than those of the others, as measured by the variable "NUMBER IN FAMILY," but this difference does not appear to be significant ($F(3,148) = 1.77, p = .15$). Very few (3 out of 54) of those who chose relocation considered themselves to be living alone.

Phone numbers were known for only 12% of those who chose relocation, compared with 35% of the others; this difference appears to be significant ($\chi^2(1) = 14.26, p < .001$), but the data for the "no phone" category may be contaminated with cases for which there is no information one way or the other. Of those for whom a "current" address was available, most (66%) relocatees listed a Post Office Box, whereas about a quarter (24%) of the others did so, a significant difference ($\chi^2(1) = 31.65; p = .0001$).

Table 3
The Personal Factor

Individual Aspects	Family Aspects
Sex	Marital status (1984-87)
Race	Family Type:
Hispanic Origin	Type of Household (1986-87)
Birthdate	Family Setting (1986-87)
Age	Family Size:
County of current residence	Number in family (1984-85)
Phone	Number of dependents (1984-87)
Highest grade	Family income
Veteran Status	

Four percent of those who chose relocation were veterans, compared with 10% of the others. This result was not quite significant ($\chi^2(1) = 3.23, .05 < p < .10$), and as with phones, the "not a vet" category may be inflated by cases for which veteran's status were not available. There does not seem to be any difference at all between the highest grade levels achieved by relocatees compared with the others.

Agency Factors

The distribution of cases by VR Office and Group was, of course, not random, because urban Indians tend to go to urban VR offices, and rural Indians tend to go to rural VR offices. There were some exceptions, however, most of which were probably due to reservations near urban centers which have no VR office of their own, or other factors. Of those who chose relocation, 59 were from the Navajo VR Office, 11 were from Flagstaff offices, four were from the Globe Office, three were from the Casa Grande Office, and four were from four offices in the metropolitan Tucson and Phoenix areas.

About one-third of the relocatees for whom we have information about previous closures had previously been involved with VR, compared with less than 10% of the others ($\chi^2(1) = 17.64, p = .0001$). Nine of the ten of these relocatees had been previously closed as ineligible or for intervening reasons (status 08), or not rehabilitated (status 28 or 30); the tenth had been closed as rehabilitated (status 26), but evidently re-applied and chose to relocate to an urban area for additional VR services.

For reasons which were not immediately apparent, the groups of cases were not distributed randomly by Fiscal Year: relocation cases seemed to be concentrated much more often than expected in 1984 and 1986, but much less often in 1985 ($\chi^2(3) = 23.5, p = .0001$).

Table 4
Agency Factor: List of Variables Analyzed

VR Office	Former Office
Counselor	Former Counselor
CSR Date	Previous CSR Date
Fiscal Year	Multiple Closure
Previous Closure Status	Months Since Previous Closure

Public Support at Referral Factor

This factor refers to a group of variables relating to the client's involvement with public services at the time of referral (Table 5). Although most clients in the sample were not in an institution at referral, those who chose relocation were significantly less likely to be in an institution ($\chi^2(1) = 11.03$ with correction for continuity; $p = .0009$): in fact only three (4%) were in an institution at referral, compared with 44 (21%) of the others (i. e., those who did not chose relocations).

Of course, the "others" includes (21) who were in an adult correctional institution, which was also a significant (i. e., much greater than statistically expected) referral source for those who did not voluntarily choose relocation. For those who did choose relocation, the school system was the source of referral much more often than expected. This situation is also evident in the client's work status at referral, which reveals that relocatees are much more likely (20 out of 69 cases for which this information is known) to be students than the others (15 out of 213 cases; $\chi^2(1) = 23.1$, $p = .0001$).

Most relocatees were also on some form of federally supported public assistance such as SSDI (Social Security Disability Insurance), SSI (Supplemental Security Income), AFDC (Aid to Families with Dependent Children) ("SOURCE OF SUPPORT", categories 3, 7, and 8), significantly more often than the others ($\chi^2(1) = 9.047$, $p = .0026$), although there seems to be no difference between relocatees and others in the average amount of Public Assistance (including SSI, GA (General Assistance), and AFDC) received. However, in some cases the distinction between "no amount received" and "no information" has been lost, as both were coded as "0". Therefore, the possibility exists that missing data coded as zero has corrupted this comparison.

Economic Factor

Those who chose relocation were much more likely than the others to have been a student at referral ($\chi^2(1) = 21.11$ with correction for continuity; $p = .0001$). That is, 29% (i. e., 20 of 69 for whom information was available) of relocatees were students, compared with only 7% of the others. Consequently, the weekly earnings of the relocatees at referral were less than half, on the average, of the others, although this difference was not statistically significant ($F(1,292) = 1.54$, $p = .22$). However, present data shows only some tendency for the family income level of relocatees to concentrate in the $150-250/month range, whereas the income

level of the others tends to concentrate at lower and higher levels ($\chi^2(2) = 6.078$, $p = .048$).

Table 5
Economic and Public Support at Referral Factor: Groups of Variables Analyzed

Codes at Referral:	Public Support:
Type of Institution	General Assistance
Federal Referral Source	AFDC
Public Assistance Status	Food Stamps
Time on P.A.	Veteran's Disability
SSDI Status	Other Disability
SSI Status	SSDI
SSA Status	SSI-Aged
Economic Factor:	SSI-Blind
Primary Source of Support	SSI-Disabled
Work Status	Amount of Support:
Weekly Earnings	Public Assistance Amount

Disability Factor (Table 6)

There were significant differences in the Reported and Primary disabilities between those who chose relocation and those who didn't: those who chose relocation were much more likely to have epilepsy or a specific learning disorder, and were much less likely to have an orthopaedic impairment ($\chi^2(5) = 32$; $p = .0001$). Also, 78% of those who chose relocation had only one disability, whereas most (61.5%) of the others had two or even three disabilities ($\chi^2(2) = 36.55$, $p = .0001$). It is therefore not surprising that most (54%) of those who did not choose relocation were classified as Severely Disabled, compared with only 42% of those who chose relocation; however, this difference is not significant at the .05 level ($\chi^2(1) = 3.52$, $p = .06$).

54

Table 6

Disability Factor: List of Variables and Group of Variables Analyzed

Reported Disability	Special Projects:
Primary Disability	Severely Disabled
Second Disability	Brain Injured
Third Disability	Industrial Injury

Service Factor (Table 7)

The most common IWRP goals for relocatees were competitive employment in service, industrial, clerical, and professional occupations. Combined, these goals account for 89% of the relocatees. Sheltered Workshops account for another 8.5% of the relocatees, compared with 1% of those who did not relocate for VR services. None of the IWRP goals for those whose relocation status is known included home making (code 50), unpaid family worker (code 60), or self-employment (code 30).

Relocatees received some services much more often than statistically expected: Counseling & Guidance ($\chi^2(1) = 6.342$ with correction for continuity, $p = .0118$), Adjustment Training ($\chi^2(1) = 17.8$, $p = .0001$), Job Referral ($\chi^2(1) = 4.48$ with correction for continuity, $p = .0343$), Maintenance ($\chi^2(1) = 26.69$, $p = .0001$), and Placement ($\chi^2(1) = 21.804$ with correction for continuity, $p = .0001$).

Table 7

Service Factor: List of Variables and Groups of Variables Analyzed

VR Services:	IWRP Goal
Assessment (1984-87)	Providers of VR Services (1986-87):
Restoration (1984-87)	Rehabilitation Facilities
College/University (1984-87)	Educational Institutions
Business & Vocational Training('86-87)	Business/Vocational Schools
Business School (1984-85)	Health Organizations and Agencies
Vocational School (1984-85)	Welfare Agencies
Other Academic (1984-85)	Other Public Org. & Agencies
Adjustment (1984-87)	Other Private Org. & Agencies
On-The-Job Training (1984-87)	Individuals
Miscellaneous Training (1984-87)	Hospitals and Sanatoriums
Counseling and Guidance (1986-87)	
Job Referral (1986-87)	
Placement (1986-87)	
Transportation (1986-87)	
Maintenance (1984-87)	
Other (1984-87)	

Relocatees received other services much less often than statistically expected: Restoration ($\chi^2(1) = 17.49, p = .0001$) and, less significantly, Family Member ($\chi^2(1) = 2.78$ with correction for continuity, $p = .0956$) and Other Services ($\chi^2(1) = 4.224, p = .04$). They also received help from certain service providers much more often than expected: Health Organizations and Agencies ($\chi^2(1) = 11.35, p = .0008$), and Rehabilitation Facilities ($\chi^2(1) = 5.34, p = .021$), while they received help from certain other service providers much less often than expected: Other Public Agencies ($\chi^2(1) = 17.70$ with correction for continuity, $p = .0001$), Other Private Agencies ($\chi^2(1) = 6.13$ with correction for continuity, $p = .013$), and Private Individuals ($\chi^2(1) = 17.12$ with correction for continuity, $p = .0001$).

Case History and Status Movement (Table 8)

This information was originally calculated by RSA during FY 1984 and 1985 from the status fields on the Case Service Report (CSR) forms for the R-300 Statistical Reports for those years, and was calculated for this report by a special computer program from available CSR forms for FY 1986 and 1987. In addition, a new variable, Months In VR, was calculated from the date of referral to the date of closure. Among those whose relocation status was known or probable, those closed as rehabilitated (Status 26) spent 3.2 more months, on the average, in Status 00 (Referral) to Status 02 (Applicant) than the others ($F(1,291) = 16.58$, $p = .0001$). They also spent about five months less time receiving services in Status 10 (IWRP Development) to Status 24 (Services Interrupted) ($F(1,291) = 4.93$, $p = .03$), and about three months less time in Status 18 (training) than the others, although this last difference is not statistically significant ($F(1,291) = 2.57$, $p = .11$). A similar pattern is seen among those who chose relocation, but the results are not statistically significant. Rehabilitated relocatees spent an average of about 13.9 months in statuses 10-24 , whereas relocatees closed not rehabilitated (Status 28) spent an average of about 20.6 months in the same range of statuses. In all, those who chose relocation and those who didn't spent an average of more than two years in VR.

Table 8

Case History and Status Movement: List of Variables Analyzed

Previous Closure Status	Months Since Previous Closure
Months in 00-02	Months in 06
Outcome of Referral Status	Months in 10-24
Months in 18	Months in 20-22
Months in VR	

Case Closure (Table 9)

As previously discussed, relocatees had a significantly higher rate of rehabilitation than the others. Therefore, relocatees were also much more likely to have a specified occupation at closure. Consequently it will come as no surprise to those with experience in vocational rehabilitation that on the average, relocatees were working at least twice as many hours per week as those who did not chose relocation ($F(4,289) = 7.44$, $p < .0001$), and were earning more per week. The biggest difference in work status at closure was that relocatees were more likely than statistically expected to be working in sheltered workshops ($\chi^2(1) = 5.16$ with correction for continuity; $p = .02$). Even so, only nine out of 65 relocatees were working in sheltered workshops.

Relocatees also received less Public Assistance (PA)--although these last differences are not statistically significant. However, if we look at "Public Assistance Type at Closure", none of the relocatees for whom this information is available was on PA, compared with seven of the others, and 67% were not on PA or SSI, compared with 80% of the others. On the other hand, relocatees were more likely than expected to be on SSI; these differences were significant ($\chi^2(2) = 6.4$; $p = .04$).

There were some differences between the American Indians and the small group of non-Indians: four of five non-Indians found their own job, whereas one

of 16 American Indians did so. Instead, they were retained by their present employer, or placed by their present employer, their VR counselor, a rehab facility, or some other public agency.

The Reason for Closure for the status 28 and 30 closures differed primarily in that clients who could not be contacted or located were much *less* a factor with relocatees than with the others ($\chi^2(1) = 4.72$ with correction for continuity; $p = .03$). Those who chose relocation were the only clients for whom Annual Review (seven of 81) or Job Placement information (21 out of 81) was specified.

Table 9
Case Closure: List of Variables Analyzed

Type of Closure	Date of Closure
Reason for Closure	Job Placement
Source of Support	Work Status
Hours Worked	Weekly Earnings
Occupation	Annual Review
P.A. Type	P.A. Amount
SSDI	SSI

A Comparison of Service Outcomes

In this section, the same sample of 295 cases for whom the relocation status was known or probable and for whom a closure status of 26, 28, or 30 had been reached was used. This time, however, the sample was subdivided according to service outcomes and cross-tabulated with the same variables as before. Most (56%) of these cases were closed in status 26 (rehabilitated). The same holds true for the relocation sample (77% rehabilitated). In this case, the relocatees enjoyed a significantly higher rehabilitation rate than those who did not relocate ($\chi^2(1) = 8.3$, $p = .004$).

Personal factors

In general, only a few personal factors seem to be related to service outcome. Residence at referral seems to make a difference: reservation residents were much more likely than urban residents to be closed rehabilitated. Rural residents were more likely to be closed in status 08 either for intervening reasons or for ineligibility. Urban residents were more likely to be closed not rehabilitated ($\chi^2(4) = 21.8, p = .0002$). Another difference is that single persons were less likely to be rehabilitated successfully than persons who live with a family or some other group [FAM_TYPE; $\chi^2(1) = 5.93, p < .02$]. This difference is also evident if we look only at the relocation sample ($\chi^2(1) = 6.3, p = .012$). Another difference was that clients from families with monthly incomes of less than $300 were less likely to be rehabilitated than those from families with greater incomes ($\chi^2(1) = 4.17, p < .05$). This was also true, to some extent, in the relocation sample (Yate's corrected $\chi^2(1) = 2.5$, Fisher's Exact $p = .063$), but this information was available for only 21 cases, which made the results less significant. In either case, most American Indian VR clients with family incomes of less than $300 per month were closed not rehabilitated (statuses 28 or 30) whether or not they chose to relocate, whereas most of those with higher incomes were rehabilitated (closed in status 26).

In the relocation sample, the most common current address was in Apache County (29 times); five other rural counties (Cochise, Coconino, Gila, Navajo, and Pinal) were also represented (26 times, in all), as were both urban counties (Maricopa and Pima, 11 times in all). Urban counties were represented presumably because: (a) the current address reflects the client's relocation to an urban area for VR services; or (b) the client's address was in a rural part of the county, or on a reservation. The western counties (La Paz, Mohave, Yavapai, and Yuma) were not represented at all in the relocation sample, and were poorly represented in the not-

relocated sample (seven cases). The current address of eight cases in the relocation sample was out of state (seven in New Mexico).

Those who chose relocation and who were rehabilitated (status 26) tended to come from smaller families (average number in family = 2.5) than relocatees who were not rehabilitated (status 28, average number in family = 4.3). However, data was available for only seven cases for this variable (Number In Family). Another variable, Number of Dependents, for which there were 25 cases, showed a similar pattern: rehabilitated relocatees had fewer dependents, on average, than those who were not rehabilitated (status 28), but the difference was not enough to be significant. These two variables were combined into another variable, Family Size, defined as Number in Family (if available), or as Number of Dependents + 1 (if Number in Family was not available). This resulted in 26 cases with a significant difference between service outcomes: rehabilitated relocatees come from smaller families (mean = 1.3, n = 20) than relocatees closed in status 28 (mean = 3.17, n = 6; $F(1,24) = 7.56$, $p = .0111$).

Although there was no difference between the relocatees and the others in their average highest grade level, there was a relationship among the relocatees between their highest grade level achieved and rehabilitation outcome, supporting the findings by Lane, Mueller, and Graves (1978) reported in Chapter One: 78% of those with more than 10 years of education were closed rehabilitated, compared with only 43% of those with no more than 10 years of formal education, a significant difference ($\chi^2(1) = 6.8$ with correction for continuity; $p = .009$).

Agency Factor

A significant change seems to have occurred in the rehabilitation rate of those choosing relocation from FY 1985 to FY 1986: case closures in FY 1984 and 1985 were about 50% rehabilitated (status 26) and 50% not rehabilitated (status

28). In FY 1986 and 1987, however, it went up to about 75% rehabilitated, 25% not rehabilitated, a statistically significant difference ($\chi^2(1) = 5.14, p = .023$).

Public Support at Referral

The biggest difference in rehabilitation rates among referral sources was Elementary and High Schools. Among clients referred by this source the rehabilitation rate was 77% ($\chi^2(1) = 4.42$ with correction for continuity; $p = .04$). The rehabilitation rate for self-referred individuals was about what was statistically expected, which does not provide much support for an earlier finding (see Introduction, page 18). The Work Status At Referral for which the rehabilitation rate was significantly better than statistically expected was for those already in a competitive labor market status at referral (82%; $\chi^2(1) = 4.15$ with correction for continuity; $p = .042$).

Economic Factor

Among those who chose relocation, the rate of rehabilitation was highest (79%) among those whose primary source of support was themselves, or family or friends. The primary source of support for most of those who were not successfully rehabilitated was public assistance or some other public source ($\chi^2(1) = 5.19$ with correction for continuity, $p = .023$). Of American Indian clients who were rehabilitated, the in work status at referral was classified as student, self employed, or competitive labor market significantly more often than expected ($\chi^2(1) = 4.065$ with correction for continuity; $p = .044$). However, this difference was not significant among relocatees alone.

Disability Factor

The biggest difference between those closed as rehabilitated (status 26) and those closed as not rehabilitated (statuses 28 or 30) was in the categories of mental retardation, for whom the rate of rehabilitation was much better than expected: of 19 American Indians for whom the Reported Disability was Mental Retardation

(Codes 530-534), all but one (18/19, 95%) were closed rehabilitated, compared with only about half (146/275 = 53%) for all other Reported Disabilities ($\chi^2(1) = 12.5, p = .0004$). The same trend also appears in the data for Primary Disability, although less extreme (72% of codes 530-534 closed rehabilitated, compared with 53% for other primary disabilities; $\chi^2(1) = 4.134$ with correction for continuity, $p = .042$). The same pattern was visible in the data for the relocation sample alone, but even though the rehabilitation rates were better, they were not statistically significant because of a smaller sample size.

Severely disabled persons had a much lower rate of rehabilitation than statistically expected ($\chi^2(1) = 7.77$ with correction for continuity; $p = .0053$ for the entire sample). This may not be unexpected if the rehabilitation of persons with sever disabilities may be more complex and difficult, resulting in a lower rate of rehabilitation. However, if we look only at the data for those who chose relocation, the rehabilitation rate for the severely disabled was much better (59%), and the difference was not significant. Similarly, most of those closed rehabilitated had only one disability, whereas most of those closed not rehabilitated had a second or third disability as well. However, this difference was not statistically significant.

Service Factor

The rate of rehabilitation was significantly better than expected for some services: Job Referral (92%; $\chi^2(1) = 5.16$ with correction for continuity; Fisher's Exact $p = .014$), Maintenance (66%; $\chi^2(1) = 8.39, p = .004$), and Placement (94%; $\chi^2(1) = 8.41$ with correction for continuity; Fisher's Exact $p = .001$). The rate of rehabilitation for Diagnostic and Evaluation services was much worse than statistically expected, meaning that those who did *not* receive the service actually had a better rehabilitation rate (52%; $\chi^2(1) = 8.84$ with correction for continuity; $p = .003$). One service provider had a much worse than statistically expected

rehabilitation rate: Hospitals and Sanatoriums (21%; $\chi^2(1) = 5.57$ with correction for continuity; Fisher's Exact $p = .011$).

If we look only at the group which chose to relocate for VR services, some of the same services stand out with higher than statistically expected rates of rehabilitation, but the degree of significance is weakened by the smaller sample size: Job Referral (100%, but $\chi^2(1) = 1.48$ with correction for continuity; Fisher's Exact $p = .17$), Placement (92%; but $\chi^2(1) = 2.61$ with correction for continuity; Fisher's Exact $p = .0935$), Maintenance (78%; but $\chi^2(1) = 3.02$ with correction for continuity; $p = .08$). Relocatees who received services from Service Providers such as Hospitals and Sanatoriums and Private Individuals have a much worse than expected rehabilitation rate, which is not quite significant at the .05 level (identical results for each: 25%; $\chi^2(1) = 2.08$ with correction for continuity; Fisher's Exact $p = .08$).

Case History and Status Movement

Cases closed as not rehabilitated fall into two groups: those who were accepted for services but were unable to actually begin the program (Status 30), and those who were receiving at least one of the services provided (Status 28). We would expect, then, to see no differences in status movement until Status 10 or 12, after which case closure should come first for those closed in Status 30 (because they did not spend time receiving services before closure). Since those closed in status 28 receive services at this point, their status movement will obviously take longer than those closed in status 30, so the two groups for this purpose should not be mixed.

No differences are apparent in the time spent in Status 00-02. However, differences start to appear already in Status 06 (extended evaluation), in which cases which will wind up closed in status 28 take, on the average, three days longer, and those cases which will wind up in status 30 about two weeks longer

than those cases which are closed rehabilitated (status 26); however, there is so much variability that this difference is not statistically significant.

The first major difference comes in the number of months in statuses 10-24. As expected, the shortest time in this phase is by those closed in status 30 (mean = 10 months, N = 14). Those closed as rehabilitated (status 26) are next (mean = 14.2 months, N = 163), while those closed in status 28 spend by far the longest time in this phase (mean = 25.4 months, N = 116). These differences are significant ($F(2,290) = 18.1$, $p < .0001$). The same trends appear in other phases of the VR cycle: time spent in Status 18 (Training) is longest (mean = 14.5 months) for those closed in status 28, while those who close as rehabilitated (status 26) spend less than half as long in status 18 (mean = 6.7 months) as those who close in status 28; again, these differences are highly significant ($F(2,290) = 14.02$, $p < .0001$).

However, time spent in status 20 (ready for employment) to status 22 (in employment) does not follow the pattern described above: those closed in status 26 spend an average of 4.4 months in this phase, compared with 3.1 months for those closed in status 28. These differences are statistically significant ($F(2,289) = 4.47$, $p = .01$). While the pattern is different, the results are consistent in that those who will be rehabilitated can be expected by definition to spend more time employable/in employment than those who will not be rehabilitated.

Overall, those closed in status 30 spend an average of 17.4 months in VR. This compares with 22.1 months for those closed rehabilitated (status 26), and 33.1 months for those closed in status 28. Again, these differences are highly significant ($F(2,290) = 14.4$, $p < .0001$).

If we examine the same statistics for the relocation sample alone, there was only one case which closed in status 30. The same basic pattern prevailed, except in Status 00-02, and in the total number of months in VR, but none of the

differences were statistically significant. The results for status 20-22 were also similar, in that those who will close in status 26 spend much more time in status 20-22 than the others, and the differences are significant ($F(2,76) = 7.69$, $p = .0009$). Status 28 closures still spent an average of six more months in VR.

Case Closure

Service outcomes are defined by Status 26 (Closed Rehabilitated), Status 28 (Closed Not Rehabilitated After IWRP Program Initiated), and Status 30 (Closed Not Rehabilitated Before Program Initiated) (RSA, 1986). Closure in Status 26 is defined as

> . . . when client has been provided all appropriate services, the rehabilitation program has been completed insofar as possible, and the client has been suitably employed for a minimum of 60 days. [Emphasis in original] (RSA, 1986).

Consequently, by definition, those closed in Status 26 should have an occupation at Closure specified, whereas those closed in Statuses 28 or 30 should not--unless their employment was terminated in less than 60 days for some reason. Similarly, work status at closure is predictable by definition. Hours worked at closure should be zero for Status 08 and 30 closures but substantially greater than zero for Status 26 closures (the average value is 23 hours per week in our data). Consequently, weekly earnings at closure should be zero for those closed in Statuses 28 or 30 and substantially greater than zero for Status 26 closures (in our data the average for Status 26 closures is $162 per week). As a likely result of their employment, those closed rehabilitated (Status 26) received, on the average, less public assistance ($29.01 per month) than those closed not rehabilitated ($51.93 per month), but this difference was not statistically significant at the .05 level ($F(2, 290) = 2.33$, $p = .099$).

Similar results were obtained for relocatees alone, again because of the way service outcomes are defined. However, the difference in Amount of Public Assistance at closure is much smaller (mean = $33.35 per month for Status 26 closures, $39.00 per month for Status 28 and 30 closures). Relocatees closed in Status 26 were working more hours per week at closure, on average, but were receiving less earnings per week (Table 10).

Table 10

Employment Factors at Closure (Status 26 closures only)

Factor	All Clients*	Relocatees
Hours Worked per Week	23.36	28.92
Weekly Earnings	$161.56	$134.90
Implied wage ($ per hour)	$6.92	$4.66
Number of subjects	162	52

*All rural disabled American Indians closed in status 26, whose relocation status is known or probable, including relocatees.

The reason for closure cited most often for cases not rehabilitated (status 28 or 30) was that the counselor was unable to locate or contact the client, perhaps because the client moved (43% of all groups and cases). This supports the findings reported in Chapter One that the case closure of American Indian applicants due to an inability of the counselor to maintain contact was a serious problem for most state VR counselors (Morgan & O'Connell, 1987). In any case the results can be judged by the yardstick of rate of rehabilitation, that is, percent closed in Status 26 out of all Status 26, 28, and 30 closures. By this measure, the rate of rehabilitation for relocatees was 70%, compared with 51% for those who did not choose relocation. The combined rehabilitation rate for both groups was 56%. The difference in the rates for the two groups is significant ($\chi^2(1) = 8.295$, $p = .004$).

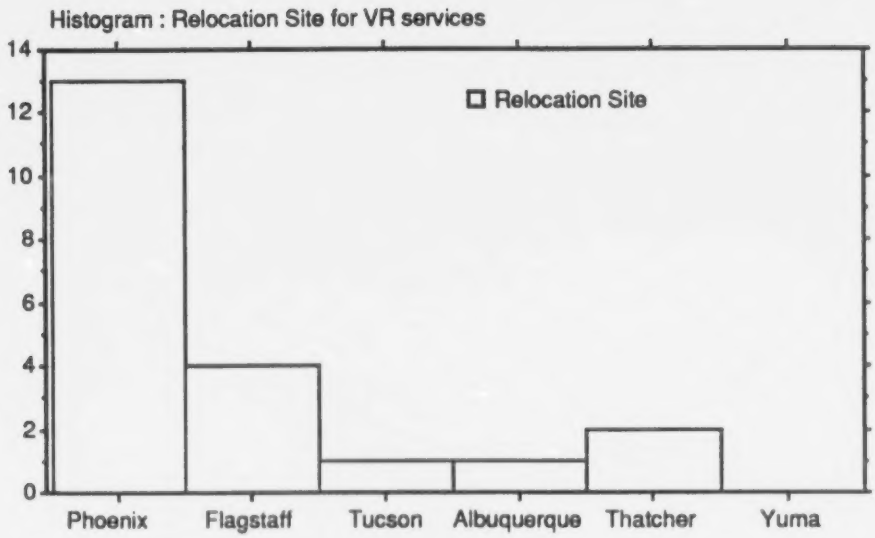
CHAPTER FOUR: ANALYSIS OF THE INTERVIEWS

The Sample

Twenty-one interviews were conducted with American Indian clients who were relocated for training or for job placement. More than two-thirds (15 of 21) of the cases have been rehabilitated (status 26), and one-third were closed not rehabilitated (status 28, n = 7). The Navajo clients (n=14) were all from the Navajo Vocational Rehabilitation Program. The tribal affiliation of clients contacted through the Arizona RSA were Apache (n=3), Pima (n=2), Tohono O'odham (n=1), and Hopi (n=1). The largest proportion of the Navajo Reservation sample resided in a rural setting (N=12), with only one client living in a reservation town, Chinle. The Navajo clients lived within the state of Arizona, with the two exceptions living at Navajo Mountain, Utah and in Gallup, New Mexico. The clients who did not reside on the reservation at the time of the interview lived in the border towns of Gallup (New Mexico) or Globe(Arizona) and in Phoenix (Arizona). All of the respondents had a census number or an enrollment number. More than two-thirds (71%) of the respondents had participated in tribal government by voting in tribal elections; the rest had never participated in tribal elections.

Most of those interviewed were relocated to Phoenix, Flagstaff was second, followed by Tucson. A few respondents indicated relocating to Thatcher or Albuquerque, but they were also relocated to Phoenix as part of their rehabilitation plan.

Figure 1



The Interview Process

All but one of the interviews were conducted face-to-face: 18 were conducted at the client's home on their respective reservations at the time of the interviews; two were held at employment sites located off the reservation, and one was done by telephone with a client in Gallup, New Mexico. The two off-reservation interviews were with the only two individuals who work and live off their reservation. English was the main language used in all but one of the interviews; the one non-English interview was conducted using only the Navajo language, as the interviewer is fluent in Navajo. Most of the interviews with Navajo clients were bilingual Navajo/English. When a concept was difficult to understand in English, the interviewer explained it in Navajo, or vice versa. There was not a need for any other Native language interpretation service. On one occasion there was a need for sign language to communicate with a person who was hearing impaired and without speech. Communication was attempted through a local interpreter, but the client could not understand many of the questions.

Unfortunately, a professional who worked at a nearby reservation hospital and who could have assisted had already left for the weekend.

The face-to-face interviews averaged an hour in length. The main consumption of time was devoted to traveling from Flagstaff to the interview sites, which ranged from Navajo Mountain in Utah to the Sells on the Tohono O'odham Reservation four hundred miles to the south of Navajo Mountain.

The interviewer used a private vehicle or a clearly marked state vehicle. It was unknown if the different vehicles made a difference in making the initial approach to the respondent's home. The interviewer was careful not to be overly dressed and showed respect for the peace of the home and family. The approach was to allow some time to build up to the business of the interview, rather than rushing right to the interview questions. On one occasion, a client asked if the interviewer could help in writing a letter to a former employer, and another time to help bring wood for cooking.

In conducting the interviews, the clients answered voluntarily. At times, other family members would provide some help in remembering events that occurred or dates when they traveled to and from their reservation. A few times, family members who were nearby during the interview seemed to hinder some of the responses; but eventually they left to attend to other matters. In these situations, the interviewer would return to the question the client hesitated to answer in the presence of the family member after that family member had left.

Finding the Respondent in Rural Areas

All of the reservation respondents reported a Post Office box as their permanent address; the two urban clients gave street addresses. The use of a post office box does not necessarily indicate that the respondent lives nearby. Many of the reservation residents live away from the trading centers where the post offices are usually located. In requesting these interviews, stamped, self-addressed, post

cards were provided for the convenience of the clients. A total of 25 response cards were received. Of these, 20 were located and interviewed. At one location, both husband and wife were interviewed, resulting in 21 interviews. On these cards, a place was reserved for names of persons who knew them in the community. Directions to their homes were requested along with a possible range of time and dates for the interviews. This information was very valuable once the interviewer got into the community to look for client's homes, although sometimes it was necessary to ask the VR counselor, police department, CHR's, or older residents in the community to verify these directions. Sometimes if the clients were married, they moved between in-laws. On one occasion, the distance between in-laws was 150 miles, requiring a trip to the other side of the Navajo reservation. This young couple lived with their parents and were in the process of establishing a home with one set of parents while maintaining another home near the other set of parents.

There are very few paved and marked roads on these reservations, and most of these "roads" are two track 'unimproved' dirt trails. Many of the directions indicated landmarks such as a windmill, a school bus route, or a group of homes, so it was very important to learn and observe culturally relevant landmarks along these trails which local people would use in giving directions. For example, on one trip to Navajo Mountain, the interviewer asked about a road leading from the main road near a wash that every one referred to as "Tin Can Wash"; it seemed strange to the local person that this Navajo-speaking interviewer did not know where that wash was.

On several other occasions, the interviewer used tracking techniques to find fresh automobile tracks, directions of the movement of the vehicle, or to estimate when the vehicle left or returned. This was useful in making decisions about whether to wait for the return of the clients. If they went to a sheep camp or if the tracks were several days old, then there was no sense in waiting. On the other

hand, if it the tracks were fresh and in the direction of a nearby trading post, a wait might be worthwhile.

Finding the Respondent in Urban Areas

Some clients responded as willing to be included, but could not be located. Many of the addresses were from old case files or from CSR forms that dated back to 1984 which presented some problems in contacting these people, and in locating them in the city if they were willing to be interviewed. Sometimes, a set of 'tracking' skills analogous to those used on a reservation were needed. For example, it was helpful to know something about where urban American Indians tend to shop, get a cup of coffee, do laundry, etc. In a way, it was easier locating people on reservations than in cities. As one respondent stated in answer to the question "Why have you stayed on the reservation?", he answered, "Because people know me here and I know most of the people". To test the idea that the urban living style is more impersonal, while searching for one of the clients in an apartment complex in Phoenix, a neighbor living next to the American Indian client's apartment was asked if they knew each other, and the answer was a suspicious "no". This sometimes happens on the reservation, too, but the frequency is less even for an interviewer driving a clearly marked state vehicle.

Analysis of Interview Results

Seven subject areas were identified as related to outcomes of clients in Arizona vocational rehabilitation programs. These included: *Personal Issues, Employment, Economic factors, Client/Agency Factors, Disability Status, Service Outcome, Client Responses to Services and Communication.* These are discussed below. Some questions were open-ended and invited short (sentence completion) or long responses. The answers to some of these questions are summarized in Appendix A.

Personal Issues

More females (n=13, 62%) were interviewed than males (n=8, 38%). The average age of the respondents was 30 years with a range from 21-54 years. About two-thirds of the interview population (66%) were under the age of 30, with the mode (29%) at 23 years.

Most (86%; n=18) of the respondents indicated that American Indian languages were used at home; three of them indicated they did not speak their tribal language at home. Half of the respondents' children also spoke their tribal language at home. When asked how they felt about their English language skills, they responded 'good' (n=15; 79%), 'fair' (n=3, 16%) or 'poor' (n=1, 6%). None of the clients indicated that he or she could write in their tribal language but most indicated 'fair' (61%, n=13) English writing skills; one person reported 'poor' English writing skills. Most (18 of the 21) clients felt that their English was adequate for work and living in the city; three of the relocatees felt their English language ability was not sufficient.

The majority (81%) of the clients were single (n=16) or divorced (n=1); the other 19% were married. Clients from the Navajo and Hopi tribes were the only ones in the interview sample who were married; none of the other respondents indicated living with or being married. Although most clients indicated they were single, the average number of children of relocated parents was 1.19 with a range of 0-8 children.

There were four children of clients who were reported going to school during the relocation period of their parents. Three of these were in elementary school. At the time of the interviews, 48% were living with their parents, 29% with their spouse, 7% with dependents other than a spouse, 7% with other relatives, and 7% lived alone.

If a client had dependents and a family they were not as likely to relocate as the clients who were single or who had no dependents. During their relocation period, 48% of the respondents indicated that they lived with roommates, 24% with other relatives, 19% lived alone, and one reported living with a spouse and family at that time.

The families of those who were interviewed were important providers of emotional and financial support for most clients while they were in the city even though they lived up to 400 miles away. When asked which family member provided the most emotional support at that time, 10 (48%) named their mother; four of them named their father, too, and two of these four added other family members; but seven (33%) named only themselves. Family members also provided financial support during the client's stay in the city: Mothers were again named by 10 (48%), and four of these named their fathers, too. Four (19%) named their spouse, and five named other family members. Two (9.5%) named only themselves. During relocation, the clients continued to help out their families at home when they could; 47% of them sent money home to cover expenses of dependents who remained with grandparents or other family members.

Many of the respondents considered family as more than the immediate family. Most of the respondents indicated the extended family as the main family unit (86%; n=18), with immediate family only 10% (n=2). One respondent was adopted by non-Indians, so that person considered the non-Indian adopted family as the only family. All the 'families' (95%) lived on a reservation, with the exception of one family who lived in a border town.

When asked who the important decision maker in the family was, most clients named themselves (61%, n=13). Other responses included: self and father; self and mother; both sets of parents; God; all other family members but me; shared between spouse and self; the family; and mother only (one response each). This

question pertained to major *life* decisions; a separate question was asked about *financial* decision making which will be discussed later.

The most frequent educational attainment was the 12th grade (62%); one person attended college. Many (43%; n=9) of the respondents went to public schools on their reservation; five others (24%) went to off-reservation public schools, and five went to Bureau of Indian Affairs schools. Two respondents, both of whom closed in status 26, went to the Arizona School for the Deaf and Blind. The majority (57%) were educated in reservation schools. One-third (n=7) went to boarding schools. The mean educational attainment for the fathers and mothers of all respondents was 6th grade.

Those who were interviewed reported spending an average of 1.75 years in an urban area for VR services. The status 26 clients spent more time (mean = 9.7 months) in the urban area for training or work compared with the status 28 group (mean = 4.3 months), but these differences are not statistically significant. Respondents did not have a preference whether their roommate was disabled or not disabled (71%); 19% indicated they only wanted a non-disabled roommate, and 10% wanted only a disabled person. One of these persons wanted someone who had the same disability type (in this case, visually impaired) so they could share resources dealing with their disability.

The overall life mean time spent on the reservation was 25 years for the whole group. The status 26 clients spent more time on the reservation (mean = 26.9 years) than the status 28 clients (mean = 22.8 years). When asked, 'why stay on the reservation?', the most frequent reason given was, 'it's home' (67%, n=14). 'Relatives and family' (24%, n=5) was the second most common reason for staying. The response for employment as a reason for staying on the reservation was not chosen. On the other hand, the most frequent response chosen for moving was for getting training and an education (n=13; 10 status 26 cases indicated this

reason), with looking, losing or transferring employment (n=8) as the second most frequent reason for moving from one residence to another. The third reason for moving was to be with family (n=6), followed by 'to stay close to the reservation' (n=4), 'family problems' (n=2), 'be more independent' (n=2), and 'financial problems' (n=2). 'Loneliness', 'wanting change', 'make money' and 'moved to in-laws' were each chosen once. There was one status 26 client who indicated moving because better services for her disability were available in the city.

Many American Indians have lived in towns such as Chandler, Winslow, Holbrook, Page, and Globe located next to a reservation. However, the total mean months spent in these border towns by the respondents interviewed was only 4.5 months.

Some of the respondents had lived in larger cities prior to their application for VR services. The respondents had lived in San Francisco, Albuquerque, Phoenix, Salt Lake City, or Tucson for an average of 8.2 months. The status 26 respondents spent twice as much time (9.7 months on average) as the status 28 group (4.3 months on average) living in the urban areas during training and job placement.

Of the status 28 respondents, one lived in Gallup and one lived in Globe; both of these are considered border towns. These clients were working, one as an assistant manager at a fast food restaurant, and the other as a baby sitter for a family member. One client closed rehabilitated (status 26) had remained in Phoenix and had worked there since closure.

Both status 26 and 28 groups indicated they preferred living on the reservation (10; 48%) or in a border town (5; 24%); few expressed a preference for an urban area (3; 14%), and a few (14%, n=3) indicated no preference. When asked what they liked about their reservation, respondents closed in status 28 were much more likely to mention family, heritage, or cultural reasons (Table 11),

whereas those closed in status 26 were much more likely to mention more individual reasons. This question allowed multiple responses; respondents closed in status 26 mentioned, on the average, two things they liked about their reservation, whereas respondents closed in status 28 usually mentioned only one.

Table 11
What do you like about the reservation?

	26 Closure	28 Closure	Totals
Family/heritage/cultural reasons:			
Family there	5	3	8
Helping family	0	1	1
Heritage and cultural reason	1	1	2
Other reasons:			
My native land	6	0	6
You can go anywhere	2	0	2
Have a job there	1	0	1
Land attachment	1	0	1
People know me there	1	0	1
Cost of living lower	1	0	1
No one bothers me	1	0	1
I have more independence here	1	0	1
It's safe here	1	0	1
Lots to do here	1	0	1
Peaceful and/or quiet	7	2	9
Total	29	7	36

An open-ended sentence completion item produced results (Table 12) indicating a tendency for respondents closed in status 26 to express more individual goals, rather than social goals. This question allowed multiple responses, but only a few respondents closed in status 26 mentioned more than one thing.

Table 12

Sentence completion: I would like to have...

Statement	26 Closure	28 Closure	Totals
Individual goals:	(13)	(1)	(14)
Good life	2	0	2
A job	2	0	2
Better things	2	0	2
Make more money	1	0	1
More education	1	0	1
A car	5	1	6
Social goals:	(4)	(5)	(9)
Housing for my family	4	3	7
Have friends	0	1	1
Family	0	1	1

Employment Factors

The majority of clients returned home to their reservations to establish families, look for work and/or work for their families. One individual had remained in Phoenix and had worked there since case closure. Two-thirds of the clients reported not being employed (N=14, 67%) at the time of the interview. Of all respondents, 11 (79%) of the status 26 clients, and three (50%) of the status 28 clients considered themselves not working. One client considered himself as working even though unpaid because he was a volunteer for his church, and he considered this as full-time work. For him, this contribution to the betterment of his family and community was just as important as working for money. They all indicated they were making a contribution to life at home by making homes for their

families, and by taking care of other family members and livestock. Six clients were working: one status 26 client in the public sector, and three in the private sector, while two in status 28 were working in the private sector.

In response to the question "Why are you unemployed?" eight of them indicated that no work was available close to their homes, or at least no work for people with disabilities like theirs (three of the eight). Two respondents indicated that, available jobs were too far away. About half (48%) said they would work anywhere; 24% wanted a job on their reservation, and 10% wanted an off-reservation job. Other reasons cited included a lack of preparation for the job market with the skills and job training they needed, and an inadequate high school education. One response was "they don't hire disabled on the reservation [White Mountain Apache] and jobs here are too political". Many (57%, n=12) of the clients felt they were unemployed due to factors beyond their own control. Another related question was, 'are you unemployed by your own choice?' Most of them responded 'no' (85%, n=18).

Many of the others (38%, n=8) felt they had control over their employment. Almost all (95%) of the clients said they could work eight hours per day at the time of the interview when most of them were on the reservation; 5% said they could only work two to three hours per day. Almost all (90%) of the respondents, regardless of closure status, did not feel they were laid off from work more than those who were not disabled. The average number of job applications over the past year for the status 26 group was four; the status 28 respondents indicated that they filled out three applications for jobs within a one year period, so the difference between the groups was not significant. Most (52%, n=11) of the respondents from the two closure groups indicated they were looking for work. Percentage-wise, more of the status 26 clients (60%) were looking for work, whereas most of the status 28 clients (67%) indicated they were *not* looking for work.

The majority of the clients wanted the jobs that exist in the city to be available on their reservation. This was more characteristic of the status 26 clients (87%) than the status 28 clients (67%). They all indicated it would be easier if jobs were located closer to their communities. Twenty-five percent of both groups indicated they would not work even if jobs were located in their area.

The mean jobs in one year was 1 with a range of 0-3 jobs for the whole group. Some mentioned that if they had stayed in the city they might still have a job; but often such city jobs did not pay very well and the cost of living in the city exceeded their income. Consequently, only one of the respondents is still employed in an urban area. If a client had a substantial income, they felt that the amount of their income beyond the basic cost of living was usually greater at home on their reservation than in the city. The jobs and training situations in the city were often jobs which were at entry levels and paid at minimum wage.

Economic Factors

The primary sources of income reported by the respondents were: employment (n = 9), public assistance (n=6), and self employment (n=1). The mean annual income reported by the interviewees was approximately $3,850. One respondent reported making over $20,000 while working on the Navajo reservation for General Dynamics. Four of the 21 respondents indicated that they did not have any income at all, but depended on their family's economic network. This included members living within the family housing cluster, riding to town with other family members, and participating in the reciprocal relationships of the extended family system by such things as helping care of children, getting firewood, and other household tasks which contributed to the welfare of the group of families. Various members of the family were also helpful financially during the respondent's relocation to an urban area for VR services. With the Status 26 clients, the mother was the most frequent provider of financial support (40%, n=6).

When this response was combined with responses identifying the father or both parents the rate increased to 67% (n=10). The others mentioned were aunt (7%, n=1) and spouse (13%, n=2). The status 28 group received support from their whole family (17%, n=1), spouse (33%, n=2), sister (33%, n=2), or both parents (17%, n=1).

Although many of the clients returned without jobs, most of them felt their prospects for the future were good (38%, n=8) or very good (19%, n=4). Some felt indefinite about their prospects (28%, n=6) and a few felt that their future outlook was not good (14%, n=3). Most clients indicated that they were busy and doing some form of activity they considered work ('were very active and busy' [43%, n=9]; 'were busy most of the time' [14%, n=3]). None reported 'no activity'. Some indicated that they were not very active or busy (23%, n=5), or had a normal activity level (19%, n=4). Most of them (76%) indicated that they were busy with work activities for their families such as caring for livestock, building a home, or taking care of their family. This positive self view was also reflected in self concept and how they thought their families viewed them. Two (9.5%) reported that they did not like how they felt about themselves three (14%) said it made no difference, six (29%) indicated that they liked themselves, and many liked themselves very much (47%; n=10). The results were very similar regarding how the clients felt their families viewed them ('dislike' [9%, n=2]; 'not making a noticeable difference' [5%, n=1]; 'like somewhat' [29%, N=6]; and 'like very much' [52%, n=11]).

For most respondents, there appeared to be no significant event or change in their life within the past year. Those who reported significant events included marriage, a stroke, an accident, birth of a new child, death in the family, and gaining more independence in life. The person who reported gaining more

independence felt that the VR training enabled her to get a job, a driver's license, and a truck thereby accomplishing an important change in her life.

When asked if they were self directed in making *their own* life decisions (as distinct from *family* decisions), the most frequent response was 'Some' (40%, n=8). Others indicated 'Very much so' (30%, n=6), while others indicated less self-direction ('Very little' [25%, n=5], or 'none' [5%, n=1]). They also reported having control over their finances. A control of finances question was asked to see who in the family made the *financial* decisions. The most common response was that they usually made the financial decisions for themselves [43%; n = 9], next was the spouse or joint decisions with spouse (24%, n=5), self and parents (24%, n=5), mother as decision maker (5%, n=1), and "social security and self" (5%, n=1).

Transportation was a problem mentioned by the respondents for both the reservation and urban locations. Eighty percent of the respondents said they did not have their own vehicle. One resource most did not have was a telephone at their residence (67%, n=14). Also, two-thirds of the respondents' homes on the reservation at the time of the interview did not have electricity.

The urban economic situation for the two closure groups during relocation for VR services was similar. They felt they usually had enough money to pay bills, and most indicated they were not late in paying utilities, rent, and school cost while living in the city. One reason given for late bill payments by three respondents was that checks were sometimes late coming from the various agencies; in one case, the VR agency was specifically mentioned. Sometimes there were just too many bills at once, or the respondent had no job, or a roommate left, causing an increased burden for living costs which had been shared. One respondent indicated that it cost a lot to live in the city, where having enough money was the key to survival; even riding the bus was expensive.

None of the clients indicated they had left training or work in the urban areas to go home to their reservation to attend a ceremony, but they did go home on weekends to attend traditional dances or ceremonies at least two times a year. The status 26 clients reported being able to see their families or relatives on weekends two times per month (33%, n=5), once per month (33%, n=5), once a week (13%, n=2), only once (7%, n=1), and no visits at all (13%, n=2). The status 28 clients reported visits from home by family and relatives once per month (33%, n=2), once a week (17%, n=1), only once (33%, n=2), and no visits at all (17%, n=1). Relatives came only to visit; rarely did any stay a significant length of time, because 60% of status 26 clients reported not living with any relative and 83% of those closed in status 28 indicated not having a relative live with them during the relocation period.

Most (67%) of the clients indicated that they had enough money to survive in the city. When asked if they had a saving or checking account, the status 26 clients were more apt to say no to these questions (53% had no saving, and 93% had no checking account). Both status groups indicated they budget their income (61%), and often the counselors were mentioned as helping with this skill. Whenever it became necessary to borrow money, the clients reported the family as the most frequently used source of credit. The status 28 respondents borrowed money only from the family if at all (83%) and did not borrow from other sources. Besides borrowing money from their families (40%, n=6), the status 26 respondents borrowed money from a bank (13%, n=2), other relatives (7%, n=1), or self managed without borrowing any money (20%, n=3). There were a number of reasons for not saving any money, the primary one being not having a job. In response to the questions, "Are you saving money to purchase a major item?", 73% of the status 26 clients said 'no', compared with 50% of the status 28 clients. In

response to a similar question, "Are you saving any money?", about half (53%) of the status 26 group and half (50%) of the status 28 group said 'no'.

Financial support from their families was vital while they were in the city and after their return to their reservation: 93% of the status 26 group, and 71% of those closed in status 28 said they get help from their families during hard times.

When asked the question, "How is your financial situation now after going to VR?", 38% (n=8) felt that their financial situation was either 'very good' or 'good'. One client (5%) reported a 'very good' financial situation, reportedly making a little over $20,000 per year near his home on the Navajo Reservation. One-third indicated that their situation was no different, and 29% (n=7) regarded their situation as 'not good'. Almost half (47%) of those who were closed in status 26 (rehabilitated) perceived that their financial situation after relocation for training and jobs was no different than before. The other rehabilitated respondents were evenly split as to whether their situation was 'not good' (27%, n=4) or 'good' (27%, n=4). However, those closed in status 28 (not rehabilitated) were less neutral in their assessment: more than half thought their situation was either 'good' (50%, n=3), or 'very good' (17%, n=1) despite their closure status, while the rest reported it was 'not good' (33%, n=2). Three of the 21 respondents indicated that their future prospects were 'not good'; most of them (57%) were optimistic about the future.

Client/Agency Factors

The decision to relocate temporarily to urban areas for training or job placement service was made primarily by the individual respondent (47%, n=10), often working together with his/her vocational rehabilitation counselor (33%, n=7), the Special Education department at school (10%, n=2), or other members of the respondent's family (10%, n=2). These figures show that for about half of the respondents, the decision to relocate temporarily involved others.

The move from the reservation was easy for most, and pre-planning by their VR counselor helped in adapting to life in the city. Once they got to the city most clients liked the training (76%), and most of them rated the training facility as good (35%, n=7), or very good (50%, n=10). Note of the clients rated their performance as 'very poor'; the majority said they did 'good' to 'very good'.

The respondents were asked, "How well do you know your counselor?" The answers were classified as 'very well', 'somewhat', and 'hardly know'. Eighty percent of those responding 'very well' were closed rehabilitated (status 26), as were 75% of those responding 'somewhat'. Of those who 'hardly know' their counselor, 33% were closed rehabilitated. These differences, however, were not statistically significant.

Within the training and working environments, the respondents indicated they got along with co-workers and were able to talk about problems with co-workers and supervisors. They knew the rules of working and understood their responsibilities; all of them indicated the rules were fair. However, respondents closed in status 26 seemed to have knowledge of a much broader range of rules and procedures at work than respondents closed in status 28 (Table 13). This question allowed multiple responses; most respondents were able to mention two rules or procedures.

Table 13

What were some of the rules and procedures at work?

	26 Closure	28 Closure	Totals
Group A responses:			
Safety awareness	3	0	3
No visiting during work	2	0	2
Mistakes were punished	1	0	1
No talk during work	1	0	1
No phone use during work	1	0	1
Don't talk back to supervisor	1	0	1
Don't know	1	0	1
Do assigned task	3	1	4
No drug or drinking on job	3	1	4
Group B responses:			
Didn't work	5	3	8
Dress code	2	2	4
Timely	3	5	8
Total	26	12	38

Drinking and drug use were considered the influences most likely to break up the training schedule. These responses do not necessarily mean the clients themselves used drugs or abused alcohol; these were primarily observations by clients of other persons in their training, although some of the categories mentioned were experienced by clients. Another reason for a client leaving the urban area was that her husband got laid off, a problem beyond her control. In this case, instead of staying in the city while his wife (the client) continued her training, he decided to go home to their reservation to assume responsibilities for taking care of the family home and planting in the spring. have made this decision, he wanted his spouse (the client) to return with him.

Since the respondents were not with their families throughout their relocation period, they looked to non-family support systems while in the city. People at their training facility were the most often mentioned sources of emotional support (Table 14). Respondents closed in status 26 were much more likely to pick VR counselors, supervisors and co-workers as providers of positive feedback and encouragement. Status 28 respondents cited the support of supervisors and co-workers once. This might be because they did not progress that far in their rehabilitation plan. They were much more likely to mention people in another agency, their friends, or themselves. This question allowed multiple responses; the respondents mentioned an average of two emotionally supportive non-family people. In response to a similar question, the respondents indicated that the VR agencies provided the most (and sometimes only) non-family financial support during their relocation period.

Table 14

While you were in training or had a job who was the most supportive non-family member, emotionally ?

	26 Closure	28 Closure	Totals
People at work: VR counselors:	(12)	(2)	(14)
Co workers	4	0	4
Supervisor employer	4	1	5
VR counselor	4	1	5
Training facility personnel	10	5	15
Other:	(2)	(7)	(9)
Friends	1	2	3
None, or self only	1	1	2
Other agency	0	4	4
Total	24	14	38

The respondents were trained in skilled (29%), semi-skilled (48%), and unskilled (14%) occupations. About half (53%) of the status 26 clients were trained as semi-skilled workers, followed by skilled (20%), unskilled (13%), and traditional skills from the reservation (13%). Half (50%) of the status 28 clients were trained as skilled workers, followed by semi-skilled (33%) and unskilled (17%). Individuals in the status 26 closure group were placed in independent living centers (42%), vocational training centers (28%), or sheltered employment (such as Goodwill Industries) (21%), and the Institute for Human Development, Northern Arizona University for visual and mobility training (7%). All of the status 28 clients were placed into vocational training facilities.

Both sets of status closure types were very satisfied with the training facility, characterizing their training as good to very good (86% of status 26 and 83% of status 28 respondents). Two status 26 persons gave a poor rating for the training facility; one person closed in status 28 expressed dissatisfaction. None of the clients reported that they could not get along with other persons in the VR process or at the training facility. This was not a factor in any of their decisions to leave the urban areas.

When respondents left their training or job it was mainly on weekends or vacation breaks such as holidays. On the average during their time in the city, status 26 respondents (average number of trips = 7) made two trips more from the urban areas to their reservation than status 28 clients. The primary reason given was to visit family (61%, n=13). Two clients lived in apartments in Phoenix within commuting distance of their reservation homes. A number of reservations are located next to Phoenix, Tucson, Yuma, and Flagstaff which are within 30 miles or less of reservation borders. One client who reported taking supplies home worked in Phoenix and drove home to the Navajo reservation to take supplies for her child who lived with grandparents.

Disability Status

When asked if they knew the cause of their disabilities, most (13 of 21) respondents said that they knew, and there was no significant differences between the two closure groups in their responses. When asked 'Were employers considerate of your disability?', 52% said no; 38% said yes (the others were not in working or training situations). Two clients said that VR and training facility personnel did not communicate with job supervisors to inform them about the nature of their disabilities. Urban discrimination or prejudice based on being an Indian or disabled person was not a factor for 76% of the clients; 4% indicated they were not treated fairly and experienced prejudicial treatment while in the city. About half (48%, n=10) of the clients indicated that services for the disabled in the city were better, but a few (24%, n=5) thought services were better on their reservation . The others were not aware of any difference (28%, n=6). Most clients indicated that they did not feel they were disabled nor that their disability made a difference in their ability to work in the city or on the reservation.

Health care needs for many (38%, n=8) of the clients were provided through the Phoenix Indian Medical Center; one-third (33%, n=7) didn't use any health care facility while in the urban area. The remaining clients indicated they returned to their respective reservations for health care needs (29%, n=6). Reservation health care facilities are located on the San Carlos, Hopi, Navajo, and the San Xavier Reservations. For on-reservation health care needs, the disabled relocated clients used their home IHS facilities (Ft. Defiance IHS(23%); Gallup Medical Center (14%); San Carlos, Tuba City, Sacaton IHS (9% each), Klagetoh Clinic, White River, Keams Canyon, and San Xavier (5% each)). When asked the question concerning use of on-reservation health care facilities, no one reported that they didn't need heath care. In contrast, for the urban area, 33% of the respondents

indicated that they did not use a health care facility, whether it was in the city or back on their own reservation.

Service Outcomes

About twice as many persons interviewed had been rehabilitated as not rehabilitated. The respondents closed in status 26 were more likely to rate their performance during the urban training and job placement 'good' or 'very good' (67%, n=10, compared with 56% of status 28 closures). They were also less likely to rate their performance 'poor' (20%, n=3, compared with 16%, n=1 of status 28 closures). However, these differences are not statistically significant. Most respondents (57%) rated their quality of life after relocation for VR services 'very good' (n=5) or 'good' (n=7); 19% (n=4) rated it 'not good' (Figure 2).

Figure 2

As previously noted, two-thirds (n=14; 67%) of the respondents were unemployed at the time of the interview. The unemployment rate among rehabilitated (Status 26) respondents was higher (73%) than among respondents who were closed not rehabilitated (50%).

Client Responses to Services and Communication

The counselors and VR offices were rated on a Likert scale. The most frequent response for both of these scales was 'very good'. For the counselors the responses were 'very good' (52%, n=11), 'good' (28%, n=6), 'fair' (0%), 'poor' (5%, n=1), and 'very poor' (14%, n=3). Results for the VR office were 'very good' (48%, n=10), 'good' (43%, n=9), 'fair' (0%), 'poor' (5%, n=1), and 'very poor' (5%, n=1). The tendency towards bimodality, especially with regard to the rating of the counselors, is noteworthy.

When asked if their training related to what they were doing, 29% (n=4) of the status 26 clients said yes, compared to 14% (n=1) of the status 28 clients. In other words, status 26 respondents were twice as likely to say 'yes'; but there were not enough cases to establish the significance of this difference.

Jobs used for work adjustment with employers such as Goodwill Industries were fine for some clients. Others considered these to be menial, low-paying, dead end jobs. In some of these jobs, employees were not allowed to have visitors or phone calls, and were kept busy at tasks with which they soon became bored.

Attitudes about the quality of jobs were reflected in their responses to the question, " What kind of work would you like?" The desired jobs were described as 'permanent', and 'good paying'. Another desired feature of a job was its location: preferably on their reservation, close to home. Examples of jobs they would like to have were: hospital work, auto mechanic, EMT paramedic, computer data entry, construction, electrical contracting, work at IHS, heavy equipment operator, work at a shopping center like Basha's, investigative job or a policeman, and meat cutting instructor at a vocational training center. These jobs reflect to some extent the self-esteem needs of the clients.

Besides working and learning job skills, questions were asked to discover the leisure and recreational activities of the respondents in the city and on the

reservation. Since some of these types of activities cost money, their frequency may be dependent on affordability as well as personal preference. This type of question also helped measure a client's adaptation to the social and cultural environment of the city. The most frequent activities mentioned in response to this open-ended question was 'going to parks', followed by 'none' or 'stay in the apartment'. The types of activities on their reservation which they mentioned were outdoor and physical activities. The majority indicated they did not exercise at all. One client reportedly was unable to engage in any recreational activity due to the nature of his/her disability.

When asked how they would advise another client about the relocation process (Table 15), the most frequent responses related to work (n=14), such as 'stay with the job', 'work hard, do a good job', and 'importance of training'. Survival skills were the next most frequent type of advice (n=9), such as 'save money', 'no drinking', 'have better city orientation', and 'dangerous for women'. The third most frequent type of responses were inspirational (n=4), such as 'go for it', 'stay out of trouble', 'try to overcome problems', and 'encourage them', all offered by status 26 clients.

Table 15

Client responses to: If you were to advise another client about the training or job what would you say to them?

	26 Closure	28 Closure	Totals
Survival Skills:	(6)	(3)	
Have better orientation to the city	1	0	1
Get apartment close by	1	0	1
Have transportation	1	0	1
Save your money	3	1	4
Inspirational:	(4)	(0)	
Encourage them	1	0	1
"Go for it"	1	0	1
Stay out of trouble	1	0	1
Try to overcome problems	1	0	1
Work-Related:	(9)	(5)	
Work hard, do a good job	3	1	4
Stay with a job	4	2	6
Importance of training	2	2	4
Other	(1)	(2)	(3)
Dangerous for women	1	0	1
No drinking	0	1	1
No advice	0	1	1

CHAPTER FIVE: SUMMARY AND DISCUSSION

This study is concerned with the temporary voluntary relocation of rural disabled American Indians to urban areas for VR services. It is important to stress that current RSA policy is that these programs are intended to be voluntary and temporary (see, for example, DES 4-2-08. A. 2. H, "Temporary Relocation Maintenance"). The decision to relocate depends in part on the client's IWRP goal, "the initial occupational goal agreed upon by the client and the counselor" (RSA, 1986, p. C-7, emphasis in original).

The interviews done for this report support the idea that the decision to relocate to an urban area for VR services is multifaceted. About half of our interviewees (n=10) indicated that they made the decision by themselves. But the rest indicated that they made the decision in conjunction with their VR counselors (n=7), the Special Education department at their school (n=2) or other members of their family (n=2). In other words, representatives of state or tribal agencies had a significant role in 43% (nine of 21) cases. Of course, the nature of the client's disability or disabilities, and the location of available services for these disabilities, would also influence their decisions.

We must realistically address the issue of relocation to urban areas for VR services. Does relocation enhance the independent living skills of American Indian VR clients wherever they choose to live, or does it function, in effect, only to enhance their ability to get low-paying menial jobs in big cities? Do job placement services focus on employment opportunities near the client's permanent home, or is the client referred mainly to job opportunities in the city, thereby lengthening the period of relocation beyond the temporary? A full consideration of this issue and the dynamics of choice is beyond the scope of this study. What our study does show is that 78% of the relocatees in our sample (59 of 76) came from the Navajo

VR Program, and that the decision to relocate was often significantly influenced by external constraints.

The Sample

The study identified 76 rural disabled American Indians who chose to relocate to an urban area for VR services during 1984-1987. These clients were all eligible for services and had been closed as rehabilitated (status 26); not rehabilitated: closed prior to implementation of plan (status 30); or not rehabilitated: closed after implementation of plan (status 28). A control group consisted of 150 disabled American Indians who did not relocate to an urban area for VR services, along with 63 others who probably did not relocate to an urban area because they were already living in an urban county, totaling 213 disabled American Indians who received VR services during 1984-1987.

Originally, we anticipated a target sample of 150 rural disabled American Indians who chose relocation to an urban area for VR services. Why was the sample smaller than anticipated? First, it is important to note that the NVRP sample was relatively complete, since case files from the period of our study were still available, and one of us was able to go through all of them to identify cases which fit our target profile. However, the Arizona RSA sample, since it depended on the counselor/staff survey, was necessarily less complete. In some cases, this was because case files no longer existed, having been destroyed in compliance with existing policy regarding old case files (this situation applied in 20 cases out of 303, or 6.6%). In other cases, the counselor responsible for the case was no longer on hand, and no one else could remember the details of the case. In 36 cases, no information was provided at all. In some of these situations, had we had more time, it might have been possible to track down the former counselor, or someone who knew about the case. Given the ratio of relocatees to non-relocatees in the known cases, this extra diligence might have resulted in the addition of as many as

19 more cases. Applying the same ratio to the group for which case files were destroyed, there might have been up to seven more cases. Therefore, for the period FY 1984-1987, we estimate that there may have been a total of about 100 cases of American Indian VR clients in Arizona who were relocated from rural or reservation areas to an urban area for VR services, whose rehabilitation outcomes were known. This was still much less than the 150 or more cases which we anticipated. As a result, we must conclude that the relocation option was recommended and/or chosen less often than anticipated. Nevertheless, 32% of eligible NVRP clients in our sample chose relocation.

Control Groups

Obtaining a suitable sample of non-Indian VR clients who were relocated from rural areas to an urban area for VR services during the years under study was more difficult than we thought. We had no strategy comparable to the one which we employed for American Indians, i. e., in which we identified a reasonably small list of candidates pre-selected by race and closure status, and sorted by VR Office and Counselor, to circulate to VR Offices to request counselors and VR staff to identify to us those who fit our target profile. We did not use this strategy because we did not want to overwhelm VR staff and counselors with long lists.

Another option would be to use a similar strategy for a sample of comparable absolute size of the non-Indian VR population. We could have determined race, closure status, and social security number from the R-300 reports, and looked up the names in the client register files on microfiche (the names were an important factor enhancing the ability of VR clients and staff to recognize cases). However, we would have still had to deal with the problem of how to keep any such sample from having been overrepresented with cases which were urban from start to finish. The fields COUNTY and ZIPCODE would be unreliable in this respect, since it was always supposed to represent the client's most recent address.

If we restricted the search to rural counties, we might have eliminated those clients who had relocated to urban areas and were still living there. On the other hand, if we restricted our search to urban counties, we might have eliminated those clients who came from rural areas and returned there after receiving urban VR services! The location of the VR Office handling their case might be more reliable. That is, we might have restricted the list of candidates for the non-Indian sample to closed cases from rural VR Offices. However, this information was not available on the R-300 statistical reports, so it would only have been obtainable from the remaining CSR forms not yet destroyed, or from microfiches of the Client Registers. For Fiscal Years 1984 and 1985, this would have required both Client Registers and R-300 Reports, because the Client Register lacked information on Race, and the R-300 reports lacked information on the client's VR office! Given the present state of available data, the only way to have obtained this control group as originally planned would have been to send out comparable lists, as suggested above, using sampling techniques to reduce the non-Indian lists to the same length as the American Indian lists, and to hope for cooperation and good luck.

Instead of the planned control group, the analysis in Chapter Three relied on a comparison of the cases involving voluntary relocation with other American Indians in Arizona who had not chosen relocation. In effect, this removed cultural factors from consideration because the relocation sample and the control groups (urban and rural American Indians who did not choose relocation) had the same variety of cultural backgrounds as the target sample. In some ways, these control groups were better suited for this study because the major difference between the groups was *relocation*, not cultural background.

Those Who Chose Relocation

Our target group was predominantly male, and significantly younger than the control group. Few of them had ever been married, and they had fewer

dependents than the others (i. e., those who did not choose relocation). Few of them lived alone, but at the same time they were much less likely than the others to be in an institution at the time of referral. They were more likely than the others to be students at the time of referral, although only 29% were known to have been students, and they were more likely than the others to have been referred by an elementary or high school. These considerations may indicate that many of them were living as adult dependents or as partial dependents in the households of others, or possibly in boarding school dormitories, and consequently had more freedom to choose relocation than the others might have. Another finding is that even after moving to an urban area for VR services, relocatees seldom lived alone. It may be that American Indians are more likely to choose relocation if they have friends or relatives already living in that urban center, or if they have already lived in an urban area, as many of those in our interview sample had.

The family of the client is a very important consideration in planning for relocation. They contribute a tremendous amount of time, financial resources, and source of inspiration for the relocated client. One client mentioned family members who brought Apache food to eat while in the city. As trivial as this seems, it was an important source of support and encouragement, as well as a visit from home. The main location for training and job placement was Phoenix, which is two to three hundred miles from the Navajo Reservation depending where on the reservation a trip originates, so it is hard for families to make frequent trips. The family was mentioned as key in providing financial support to augment the client's needs.

Clients who had children who chose to relocate temporarily to an urban area for VR services often left their children at home with relatives. This was especially true of single parents who live on a reservation. The willingness to relocate of some disabled American Indian parents may even depend upon the availability of

this option. However, this separation of parent and children enhances the difficulty of relocation, especially if the period of relocation lasts longer than expected. In these cases, the desire of the parent to return to their reservation increases, and becomes an important consideration which may lead to premature termination of services. Rigid training programs or job placements which do not permit temporary leave of absences may have higher drop-out rates as a result. Even with more lenient services and placements, however, the visits back and forth between their reservation and the training deplete the resources of the client to cover the basic living cost allocated for relocation services.

The parents of clients need to be considered in developing plans, especially for clients who just graduated from high school, to provide awareness of the clients' need to complete the job training in the urban locations. The family may need help to understand that the client needs to make a commitment of time for the completion of the training and also have some knowledge of how to support this commitment. Clients often received some supplemental money, like disability benefits, which were often combined with other sources of income at home on the reservation.

This brings up a complicated issue in Navajo family economics which may also apply to other American Indian situations. As discussed in Chapter One, various forms of Federal, State, and Tribal assistance have elevated the status of Navajo people who are disabled from the lowest economic stratum of Navajo society to a much more favorable position. This seems to have been due to their transformation from a dependent, less productive situation to one in which they are more able to make a more positive contribution, financially and behaviorally, to their families, when other members of their families are in need. In former generations, the very survival of many Navajo people with disabilities owed itself largely to the closely knit family structure and sharing features of Navajo society.

Now that their situation is changing, the same processes which enabled this group to survive in previous generations are now pressuring them to use some of their assistance payments and wages to help other family members in need. This sharing process was a feature of Navajo culture in the 1950s (Young, 1961, pp. 218-220), and probably continues today (R. W. Young, personal communication, January 2, 1991). This can create a problem, however, if the client's family asks for and receives some of the maintenance money which is intended for the client's use during training. This may make it difficult for the client to fully benefit from their training, and could result in closure without rehabilitation (Status 28).

For many rural residents, the cost of living in a city is more than what they would need at home. Some find it difficult to make this cost-of-living adjustment. For these persons, the temptation of returning to a less costly rural lifestyle may be irresistible.

The family income of those who chose relocation was usually in the $150-$250 per month range, whereas it seems to be much more bimodal for the others. Relocatees were much more likely to be on some form of federally supported public assistance such as SSDI, SSI, or ADC at referral, but they did not seem to be getting *more* Public Assistance, on the average, than the others. Perhaps because many of them were students, their weekly earnings at referral were less than half that of the others.

The relocatees tended to have fewer disabilities than the others--that is, fewer had a second or a third disability specified, and they were less likely to be severely disabled. In addition, their primary disability was more likely to be epilepsy or a specific learning disorder, which may be connected with the previous observation that many of them were students and had been referred by the school system.

Once eligible for services, relocatees were much more likely than the others to have received counseling and guidance, adjustment training, maintenance, job referral, and/or placement. They were also more likely than the others to have received services from health and from rehabilitation facilities. Yet, they spent *less* time, on the average, in statuses 10-24 in general (and, to a certain extent , status 18 in particular) than the others. Perhaps this is because they had less need of restoration services, family member services, and various other services.

The IWRP goals for relocatees coded on their CSR forms were Competitive Employment (65 times; 91.5%), and Sheltered Workshops (6 times, 8.5%). Home making (code 50), and unpaid family worker (code 60) were never recorded as goals for relocatees, although some of the respondents in the interviews indicated satisfaction with these jobs. The goal of self-employment, or employment with state agency managed business enterprise programs were also never indicated for relocatees.

In any case, the rate of rehabilitation for relocatees (70%) was significantly higher than for those who did not choose to relocate, for whom the rate was 51%. This compares with national rates of 53% for all American Indian cases, and 63% for the general population, for the fiscal years 1980-1982 (Morgan and O'Connell, 1987, p. 143).

Factors Associated with Rehabilitation Outcome

In general, our ability to establish factors associated with rehabilitation outcome was impaired by small sample sizes. These small sample sizes were the result of two situations:

1. Fewer rural disabled American Indians than expected chose to relocate to urban areas for VR services, leading to a sample about half the expected size.

2. Changes in the way information was recorded on CSR forms between 1984 and 1987 often meant that information of some kinds was not available for many cases in our sample, which further reduced the available sample size.

Nevertheless, several significant factors were associated with rehabilitation outcome. First, single persons were less likely to be closed rehabilitated (status 26) than persons who lived with a family or some other group. However, the families of those closed rehabilitated were also smaller (mean = $1.3 \pm .98$) than those closed not rehabilitated.

Taken together, these results imply that a favorable outcome is associated with clients who live with a small number of other people. Furthermore, those closed rehabilitated (status 26) are more likely to have relied at referral on themselves, family, or friends for their primary source of support, rather than on some form of public assistance. In other words, those closed rehabilitated were more likely to have an informal support system which they could rely on. Another factor positively associated with a favorable outcome was more than 10 years of formal education.

Status 26 clients reported a greater variety of activities than the status 28 clients, but to a certain extent this may have been because there were twice as many status 26 respondents in our sample. Many of the respondents returned to their rural reservation which may lack formal sources of recreation such as movies, skating rinks, and bowling alleys.

Other factors which seem favorable lack adequate sample sizes to validate the results. In particular, clients receiving services such as Job Referral, Placement, and Maintenance seem to be much more likely to be closed rehabilitated, but information is not available on enough cases to be sure. Rehabilitated relocatees spent almost seven months *less* time in statuses 10-24 than relocatees closed not

rehabilitation (status 28), which may relate to Young's observation (1961, p. 293) that most Navajos are reluctant to leave their homeland for more than a few months.

The Interviews

Out of a total of 76 American Indians who chose relocation to an urban area for VR services, one of us was able to interview 21--i. e., about one out of every four. In addition, five others who sent back response cards indicating a willingness to be interviewed could not be located.

One of our primary goals with the interview sample was to look for differences between relocation clients who were closed rehabilitated (status 26) and those who were closed not rehabilitated (status 28 or 30). It was easy to show *differences* between the two groups, but more difficult to find *significant* differences because of the small sample size (15 status 26 closures, six status 28 closures, and no status 30 closures).

Unlike the rest of our sample and control groups, our interview sample was primarily *female*. This meant that generalizations about patterns of responses to some of our interview questions might not be representative of the target population, which was predominantly male.

The majority of clients at the time of the interview felt that their quality of life was 'good' to 'very good' even though many of them were unemployed. The quality of life changed for the better in most cases, although some clients indicated their quality of life was not good, due primarily to not working for wages. Since most of the interviews took place on a reservation, one wonders if the answers would have been the same if they were still living in the urban areas.

Many of the respondents did not express what they would do differently, but the variety of responses cover many of the concerns they had about post-move issues. It would be beneficial for clients to fully understand what they needed to commit to in terms of time, personal resources for relocating, social support

systems, and their involvement in the planning process with the various agencies such as the VR agency, and their training facility, and with other services such as health care facilities and the urban Indian centers. Many of the them were not aware of other sources of similar benefit type of agencies.

Many of the clients seem to expect the VR counselor to be more directive, instead of taking the responsibility for themselves. This may be because some clients do not understand the intended dynamics of the process of collaboration between the client and the VR counselor. For example, it may be that some American Indian clients do not understand the opportunities they have to customize VR service to suit their needs. This might be due to a lack of information about different programs that might help them lead a more productive life. Furthermore, the kind of information they might need to make an informed choice about these alternatives may not be evident in existing brochures.

At the same time, VR counselors may need to understand that passivity, rather than indicating a lack of interest, may reflect different norms of politeness, or uncertainty about what options are available, and the possible consequences of choosing any particular option. Any detailed assessment of the dynamics of this collaborative process lies beyond the scope of this study. The only conclusion that can be drawn here is that clients and VR counselors sometimes have different expectations about this process which, if left unresolved, may affect the outcome of rehabilitation.

Mobility of the Client Population

One of our findings was that many American Indian VR clients were highly mobile, and lack telephones or street addresses of the kind government bureaucracies tend to expect. As illustrated by the interviews, young couples may establish homesites near the homes of both sets of parents for economic as well as social reasons, and move back and forth between the two. In 1987, the Department

of Public Safety of the Navajo Tribe began implementing a plan to give every residence on the reservation an "address," which should help in locating clients; but many will continue to change residences seasonally, or to move frequently in response to other economic and social factors. A similar problem may be encountered with economically marginal VR clients who have no family to go home to, or who are able to find seasonal jobs in different places. The CSR form field, "ADDRESS," assumes a permanent year-round residency that does not match the lifestyle of many American Indian VR clients, who may have two, three, or four residences. However, among those who chose relocation, a significantly *smaller* number were closed in status 28 or 30 because they could not be located or contacted, or had moved, compared with those who did not choose to relocate.

Consequently, although it can be said that mobility among American Indians might present a challenge for VR services, it presented less of a challenge for those who chose relocation. It might even be said that temporary relocation to an urban area for VR services represented a part of this mobility pattern. Many of them moved to the city to learn about jobs, find jobs, and gain work experience with the long-term intention of returning to their reservation to have families and build homes. That is, relocation for VR services may be viewed as a temporary expedient, not as a permanent solution. In this light, movement of relocatees back to their reservation homes after rehabilitation, even if it means quitting their urban job, does not necessarily represent a failure in rehabilitation; instead, it may represent simply a decision to try to apply the knowledge and skills learned through relocation to an urban environment to employment opportunities in the rural environment closer to what they consider "home."

This mobility may be related to a complex strategy which is evolving among some American Indians to adapt to current economic realities while retaining some

connection with their roots. For example, Young characterizes many of the Navajo during the 1950s as follows:

> Today, an estimated 75% to 80% of the population in the Reservation area derives its livelihood from a combination of resources, including off-reservation seasonal employment, railroad maintenance, part-time or temporary jobs on the reservation, stockraising, agriculture, and welfare, including surplus commodities (Young, 1961, p. 220).

A more recent study (Wood, Vannette, & Andrews, 1982) shows that a similar mixed strategy prevailed in the 1970s, and may still be relevant for many American Indians today. Substantial mobility is required for those who choose this strategy.

One component of this mixed strategy which contributes to mobility is stock raising. Although perhaps in decline relative to other sources of personal income, recent statistics indicate that on the Navajo Reservation in 1986 there were 4,858 full-time and 7,156 part-time Navajo operators engaged in noncommercial agricultural production (Rodgers, 1988, p. 139). This compares with 4,197 Navajos employed on the Navajo Reservation in the major commercial industries that year (p. 26). Data from four of the five Navajo Agencies indicates 5,853 grazing permits (p. 61), 33,632 horses, 73,219 cattle, and 50,219 sheep and goats (p. 41). Therefore, noncommercial agricultural production remains a substantial factor in the Navajo economy.

To some extent, this mobility makes economic sense. The opinion of some respondents reported in Chapter Four that the jobs and training situations into which they were placed were often entry level jobs paying low wages is supported by Table 10 in Chapter Three which shows that the wages of relocatees are lower, on the average, than for all clients, which includes disabled rural or reservation American Indians who did *not* choose to relocate to an urban area for VR services.

After Vocational Rehabilitation

By definition, Status 26 (Rehabilitated) occurs when the client has been provided all appropriate services, the rehabilitation program has been completed insofar as possible, and the client has been suitably employed for a minimum of 60 days (RSA, 1986, Section "VR status and Counselor History"). Vocational rehabilitation involves not only getting a job, but making the kinds of lifestyle adjustments necessary to maintain employment, and receiving the kinds of social support services to promote that adjustment. In addition, the VR system provides for Post-Employment Services (Status 32) in certain cases in order to help the individual maintain his/her employment status (RSA, 1987). Also, beginning in 1987, supported employment services were offered (DES 4-2-10.C.2.d, Date 1/87), but information on these services was not added to CSR forms until 1988.

The interviews showed that only four of the 15 respondents closed in Status 26 were employed at the time of the interview. Is this employment rate among Status 26 (Rehabilitated) closures commonplace two to five years after closure, or only an accidental consequence of our small sample? We do not have the data to answer this question. The case history files of nine of the Status 26 closures still on file at NVRP offices in Window Rock revealed no indication of any Post-Employment Services. Would a more extensive use of such follow-up services have been more appropriate? Or more effective?

Part of the genius of many American Indian cultures lies in their ability to borrow creatively from their neighbors, and the way American Indians respond to vocational rehabilitation may provide an illustration of that process. Services such as counseling and guidance, adjustment training, job referral, maintenance, and placement may help the Indian VR client learn how the Anglo system works. However, they may choose to use this information and the skills which they acquire in ways not expected by Anglo bureaucracies. A possible indication of this might

be that three of the six respondents who had been closed in Status 28 (Not Rehabilitated) were employed at the time of the interview. Consequently, two to five years after closure, the unemployment rate of the "rehabilitated" clients (11 of 15, or 73%) is higher than among those clients closed "not rehabilitated" (Status 28), for whom the rate was 50% (3 of 6). While the difference in these rates is not statistically significant, we were expecting a statistically significant difference in the other direction! Our interview sample was just too small to draw any firm conclusions in this regard.

Recommendations

Our results suggest that temporary relocation to an urban center for VR services is an excellent choice for some rural disabled American Indian clients. This option seems to work best with those who have had more than ten years of formal education, who live with a small number of other people, and who have an informal support system of family and friends both at home and in the urban area where they can receive the VR services they need. Once in VR, services such as Job Referral, Placement, and Maintenance seem to have the best association with rehabilitation. In addition, there seems to be a high level of interest in job skills which can be used in the rural or reservation environments from which they came.

These results lead us to the following recommendations:

1. Measures should be established to assist/ensure the maintenance of contact between client and counselor. Our data show too many cases closed in status 08 for intervening reasons. Experiences in related fields suggest that in many cases, clients who need services drop out because of cultural misunderstandings and other preventable reasons. Training modules should be developed which are devoted to the subject of maintaining contact with rural American Indians with disabilities who need services.

2. Candidates for relocation should meet minimum standards relating to health (apart from their disabilities), education, acculturation, and English language skills. This recommendation is based on experience gained by the BIA since the inception of its Relocation Services Program in the 1950s (Young, 1961, p. 234) and our finding that only 43% of those with less than eleven years of formal education were closed rehabilitated, compared with 78% of those who had more education.

3. As part of the informed consent process, before making the decision to relocate, clients should be fully informed about what they would need to commit themselves to, in terms of time, personal resources devoted to relocating, and social support systems.

4. Relocation assistance should include substantial efforts to strengthen the client's informal support system of family and friends. This includes informal support systems in the urban environment where they live while receiving VR services and in their home environment, especially if the client has to leave a spouse or children behind in order to relocate. This recommendation is based, in part, on comments by some respondents expressing the importance of parents and other family members for emotional and financial support, and the desire for roommates with similar background. This may require helping clients to build new social relationships, perhaps through urban American Indian networks. Services and other programs offered by the Phoenix Indian Center (Bigpond, 1988) and other urban Indian organizations (Arizona Commission of Indian Affairs, 1990, pp. 81-91) may be helpful in this regard. It could also involve helping the client find a roommate or neighbor with a similar cultural background or similar disabilities, or other liaison person who has adapted successfully to the urban environment.

5. Relocation assistance should include more services designed to help the client adapt to the urban environment. Some of those interviewed for this study expressed the need for more help getting oriented to the city. There was interest in maps and other means of learning how to find places, as well as information about times and places of interesting social and cultural events. Perhaps a packet of survival materials for the Phoenix or urban environment could be developed.

6. During relocation, emphasis should be placed on acquiring transferable job and other independent living skills which can be used in rural and reservation settings as well as in urban centers. IWRP goals should include a realistic vocational plan designed to enhance the client's prospects wherever they choose to live. Training programs promoting the goal of self-employment (IWRP goal code 30) should be developed or enhanced, and publicized. Existing tribal agency managed business enterprise programs (BEPs) comparable to state agency managed BEPS (IWRP goal code 40) should also be publicized and considered when planning IWRP goals. Similar programs were nationally mandated a generation ago, and led to many Reservation employment opportunities. Our results show that current services such as Job Referral, Placement, and Maintenance seem to have the highest degree of association with closure in Status 26 (Rehabilitated).

7. Clients should be empowered to take an active part in defining their IWRP goal and making choices about relocation and other services. Consequently, VR counselors and staff at training and health care facilities and other service agencies should receive training to facilitate the empowerment of clients who choose temporary relocation. One component of this training should include how to clarify goals and objectives with

clients, beginning early in their contact with VR counselors. That is, counselors and clients should spend some time clarifying the process of counseling, so that they share a common set of expectations not only about goals and objectives, but about the process to be used in defining and working toward those goals and objectives.

8. Training, job placement, and other services for relocatees from rural areas and reservations should be designed to minimize the length of the relocation period. Data from the interviews for this study show that many disabled American Indians consider relocation as a temporary expedient, and that they may face many pressures to return "home" to a place where they feel they belong. IWRP goals should be clear about whether relocation to an urban area for VR services is viewed by client and counselor as temporary or permanent. If temporary, job placement services should target employment opportunities near the client's permanent home rather than in the city, in order to minimize the amount of time a client must spend away from home.

9. Procedures for follow-up services should be more clearly defined in the CSR manual and information abut these services and their outcome should be clearly specified in the manuals and coded on the CSR forms. These services currently include Post-Employment Services (Status 32), and Annual Review. Annual Reviews are required for certain Status 08 (Closed not accepted) and Status 26 (rehabilitated) closures, and a space on the CSR forms is provided to indicate whether or not Annual Reviews are to be done, as described in recent CSR manuals (RSA, 1986, p. E-1). However, there are no instructions on how to record information about post-employment services in the CSR manuals, and there is no space provided on the CSR forms to record the outcomes of such services or reviews. This

recommendation is based on interview data, which indicates that 73% of Status 26 (rehabilitated) clients are no longer employed. This leaves the impression that follow-up services are being neglected (see Suggestions for Future Research, below).

10. Support for the expansion of employment opportunities on and near Indian Reservations for American Indians with disabilities should be enhanced and strengthened. The interviews done for this study support the conclusion of Graves (1966) that developing a more stable economic base on or near the reservations may provide greater benefits than long-term relocation to distant cities. Yet, among all subjects, only 2% had an IWRP goal of employment with a state agency managed business enterprise program (the relocation status of these five subjects was unknown, so they were not included in this study).

11. All tribes should establish, implement and enforce equal employment practices for people with disabilities. The Navajo Vocational Rehabilitation Program has pushed for improved hiring of disabled persons and increasing the awareness of the rights of disabled persons, but more needs to be done if relocatees are to be able to fulfill their vocational goals closer to their homes, where they have the kinds of social support networks they often prefer. Resources such as lists of Reservation employers and existing job types (e.g., Schwartz, 1989) can help counselors in this process.

Suggestions for Future Research

There are a number of issues which came up during this study which merit further investigation. This study was based on an analysis of CSR records, and on interviews with clients several years after the closure of their cases. Some data still exist on the period between case closure and the interviews. These data involve: (a) information about Post-Employment Services, (b) information collected during

Annual Reviews, and possibly (c) other follow-up studies conducted from 1980 to 1984. This data is kept in the Phoenix RSA headquarters. One worthwhile question which might be investigated is whether these post-closure services had a significant long-range beneficial impact on employment outcome. Another set of questions is concerned with the extent to which job placement services have been successful in helping the client find employment opportunities in their home area, and what effect this has on outcome.

A second issue is related to the effect of frequency of client/counselor contact on service outcome. Our interview data support the hypothesis that the better a client knows his/her counselor, the more likely that they will be rehabilitated (i. e., closed in status 26). However, we do not have enough data to substantiate the significance of this result, or the details of what it took for a client to feel that he/she knew the counselor well. Further research on this point would be helpful.

A third area of interest would be to take a deeper look at whether there are any differences in service outcomes associated with client's sex status. One hypothesis which might be addressed by such a study is whether certain programs are more successful with one sex than the other. Another might be whether IWRP goals are more successfully identified with one sex than the other. For example, it might be that suitable IWRP goals are for some reason less likely to be formulated for one sex than another, as measured by occupation at closure and by subsequent occupation history. Some of these questions will be investigated in a forthcoming study by Marshall and Schacht (1990).

Conclusions

Temporary relocation to urban areas for VR services is a good choice for some American Indians. Even for those closed not rehabilitated (Status 28), long term employment possibilities seem to be enhanced, although our sample was too

small to be sure about this. These results indicated that VR counselors, overall, are doing a good job.

Eleven recommendations were made based on this study. Most involve suggested changes in policies, procedures, and other guidelines. Some would be enhanced by changes beyond the control of RSA, such as improving the prospects for employment on and near Indian Reservations. Some would be enhanced by a greater emphasis on community-based programs. In general, the results indicate a good program in which there is still some room for improvement.

References

Ablon, J. (1971a). Cultural conflict in urban Indians. *Mental Hygiene*, *55*(2), 199-205.

Ablon, J. (1971b). Retention of cultural values and differential urban adaptation: Samoans and American Indians in a west coast city. *Social Forces*, *49*, 385-393.

Alfred, B. M. (1970). Blood pressure changes among male Navaho migrants to an urban environment. *Sociology and Anthropology [Canadian Review of Sociology and Anthropology]*, *7*(3), 189-200.

Arizona Commission of Indian Affairs. (1990). *1990 Tribal Directory*. Phoenix, AZ.

Bigpond, P. (1988) *Annual Report*. Phoenix, AZ: Phoenix Indian Center, Inc.

Bureau of Indian Affairs. (1989). *Indian Service Population and Labor Force Estimates*. Washington, DC: Department of the Interior.

Graves, T. D. (1966). Alternative models for the study of urban migration. *Human Organization*, *25*, 295-299.

Graves, T. D. (1967). Psychological acculturation in a tri-ethnic community. *Southwestern Journal of Anthropology*, *23*(4), 337-350.

Graves, T. D. (1970). The personal adjustment of Navajo Indian migrants to Denver, Colorado. *American Anthropologist*, *72*, 35-54.

Graves, T. D. (1973). The Navajo urban migrant and his psychological situation. *Ethos*, *1*(3),321-342.

Graves, T. D., & Van Arsdale, M. (1966). Values, expectations, and relocation: The Navajo migrant to Denver. *Human Organization*, *25*, 300-307.

Henderson, N. B. (1967). Final Report of the Cooperative Program for rehabilitation of the disabled Indian. *Navajo Rehabilitation Project Technical Report No. 1*. Flagstaff, AZ: Northern Arizona University.

Johnson, D. L. (1988). *We, the First Americans.* Washington, DC: US Department of Commerce, Bureau of the Census.

King, R. B. (1987). Placement: A state-of-the-art review. *Rehab Brief: Bringing research into effective focus, 10*(6) (ISSN: 0732-2623). Washington, DC: National Institute on Disability and Rehabilitation Research.

Krug, J. A. 91948). *The Navajo: A Long-Range Program for Navajo Rehabilitation.* Washington, DC: U. S. Department of the Interior.

Lane, C. A., Mueller, J. V., & Graves, T. D. (1978). The economic payoff of different kinds of education: A study of urban migrants in two societies. *Human Organization, 37*(2).

Lindsey, R. (1987). Alarm raised on growth of Phoenix. *The New York Times.* March 12, p. 8(N) p. A18(L) col 4

Lucking, J., Benjamin, A., Everson, D. A., Monroe, N., & Lopez, D. (1987) *Arizona Statistical Review* (43rd Annual Edition). Phoenix, AZ: Economic Planning Division, Valley National Bank.

Marshall, C. A., & Schacht, R. M. (1990). *The Influence of Sex and Culture on Rehabilitation Service Delivery to American Indians with Disabilities.* Grant Proposal Project R-25. Flagstaff, AZ: Institute for Human Development, American Indian Rehabilitation Research and Training Center, Northern Arizona University.

Martin, W. E., Jr., Scalia, V. A., & Buckley, G. W. (1979). *The Rehabilitation Process and Status Code Classifications.* Greeley, CO: Region VIII Rehabilitation Continuing Education Program, University of Northern Colorado.

Martin, W. E., Jr., & Frank, L. W. (1987). An Analysis of the Labor Market Participation of American Indians with Implications for Rehabilitation. In J. C. O'Connell, *A study of the special problems and needs of American Indians with*

handicaps both on and of the reservation, Volume II: Individual reports, pp. 99-145. Flagstaff, AZ: Northern Arizona University, Institute for Human Development; University of Arizona, Native American Research and Training Center.

Martin, W. E., Jr., Frank, L. W., Minkler, S. A., & Johnson, M. (1987). A survey of vocational rehabilitation counselors who work with American Indians. *Journal of Applied Rehabilitation Counseling, 19*(4): 29-24.

Morgan, J., & O'Connell, J. C. (1987). The rehabilitation of disabled Native Americans. *International Journal of Rehabilitation Research, 10*(2), 139-149.

O'Connell, J. C. (1987). *A study of the special problems and needs of American Indians with handicaps both on and off the reservation. Volume I: Executive Summary*. Washington, DC: U. S. Department of Education, Office of Special Education and Rehabilitative Services.

O'Connell, J. C., & Minkler, S. (1987). *Barriers to successful rehabilitation on the Navajo Reservation*. Unpublished manuscript. Flagstaff, AZ: Northern Arizona University, Institute for Human Development, Native American Research and Training Center.

Rodgers, L. (ed.). (188). *Navajo Nation FAX 88: A Statistical Abstract.* Window Rock, AZ: Navajo Nation, Division of Community Development.

RSA (Rehabilitation Services Administration). (1987). *Services to Individuals: Post-employment Services*. Document DES 4-2-11. Phoenix, AZ: Department of Economic Security.

RSA (Rehabilitation Services Administration). (ca 1986). *Case Service Report Manual* (rev. ed). Phoenix, AZ: Department of Economic Security, Vocational Rehabilitation.

RSA (Rehabilitation Services Administration). (1980). *Vocational Rehabilitation Information System* (Case Service Report Manual) (rev. ed). Phoenix, AZ: Department of Economic Security, Vocational Rehabilitation.

Sando, J. S. (1976). *The Pueblo Indians*. San Francisco: Indian Historian Press.

Schwartz, J. L. (1989). *Employment Opportunities List for Persons with Disabilities Living on the Navajo Reservation*. Flagstaff, AZ: Northern Arizona University, Institute for Human Development, American Indian Rehabilitation Research and Training Center.

Shore, J. H. (1978). Destruction of Indian Families-- Beyond the Best Interest of Indian Children. *White Cloud Journal, 1*(2), pp. 13-16.

U. S. Congress, Office of Technology Assessment. (1986). *Indian Health Care* (OTA-H-290). Washington, DC: U. S. Government Printing Office.

Valdez, J., and staff. (1990, October 12). Boom years are predicted for Phoenix. *The Arizona Republic*, pp. A1-2.

White, A. (1987). The nature and extent of cooperative efforts by state vocational rehabilitation programs for Indian people who are disabled. In J. C. O'Connell (Ed.), *A study of the special problems and needs of American Indians with handicaps both on and off the reservation. Volume II: Individual reports*, pp. 146-178. Washington, DC: U. S. Department of Education, Office of Special Education and Rehabilitative Services.

Wood, J., Vannette, W., & Andrews, M. (1982). *"Sheep is Life": An Assessment of Livestock Reduction in the Former Navajo-Hopi Joint Use Area*. Anthropological Paper No.1. Flagstaff, AZ: Northern Arizona University.

Young, R. W. (1961). *The Navajo Yearbook. Report No. viii: 1951-1961: A Decade of Progress*. Window Rock, AZ: Navajo Agency.